STATE OF HAWAI`I

DEPARTMENT OF HEALTH

REPORT TO THE 2004 LEGISLATURE

PURSUANT TO

ACT 200, SESSION LAWS OF HAWAI`I 2003

Tobacco Settlement Special Fund
The Healthy Hawai`i Initiative

INTRODUCTION[1]

The purpose of this report is to address the status of the Department of Health's (DOH) nationally recognized health promotion and disease prevention initiative, The Healthy Hawai`i Initiative (HHI). The report will discuss in detail Hawai`i's tobacco settlement special fund; the HHI and its components, the activities, successes, and lessons learned; the impact on the HHI of the reallocation of tobacco settlement funds to the Healthy Start purchase of service contracts; and the budgeted FY 2003-2004 expenditures and other financial details of the HHI.

BACKGROUND

In November, 1998, the attorneys general of 46 states, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, Guam, and the District of Columbia entered into a settlement agreement with the five largest tobacco manufacturers, entitled "The Master Settlement Agreement" (MSA), bringing to conclusion the multi-billion dollar lawsuit brought by the states, including Hawai`i, against the tobacco industry. The MSA obligates these leading United States tobacco manufacturers, in return for a release of past, present and certain future claims against them:

- To pay substantial sums to the settling states;
- To fund a national foundation devoted to the interests of public health;
- To make substantial changes in their advertising and marketing practices and corporate cultures with the intention of reducing underage smoking.

The Attorney General of each settling state is responsible for enforcing the provisions of the MSA.[2] MSA payments to the participating states and territories, anticipated for twenty-five years, are subject to certain adjustments, reductions and offsets that apply to each year's payment(s). These adjustments include an inflation adjustment, national cigarette sales volume adjustment, a non-participating manufacturers adjustment[3], an

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[1] Act 200, Section 21, Session Laws of Hawaii 2003, requires that the Department of Health provide a detailed progress report on the Healthy Hawai`i Initiative, a statewide effort to encourage healthy lifestyles, to include but not be limited to, the status of the Initiative, including a listing of any and/or all statistical successes due to implementation of this program and to identify the impact on the HHI's community-based initiatives, public awareness and professional education campaigns, and school-based programs or any other aspect of the HHI success due to reallocation of funds from the tobacco settlement fund to the Healthy Start purchase of service contracts.

[2] See the Department of the Attorney General's/Department of Health's Report to the 2004 Legislature as required by Act 200, Section 70, Session Laws of Hawaii 2003, submitted separately by the Department of the Attorney General, for a full discussion on enforcement of the MSA.

[3] Per the MSA, an adjustment to payments made by tobacco manufacturers who are party to the settlement to address market share losses attributable to the provisions in the MSA.

adjustment for the payments to the four previously settled states[4], non-settling states reduction, miscalculated and disputed claims offset, federal legislation offset, and the litigation releasing parties offset.

Per the terms of the MSA, the tobacco manufacturers agreed to pay $206 billion to the settling states over twenty-five years in "up-front" or initial payments due in January, and in annual payments due in April of each calendar year. Initial payments were limited to the period of January 10, 2000, to January 10, 2003. Beginning in calendar year 2004, only one payment in April will be made annually to the settling states.[5] The allotments to the states are based on formulas agreed to by the attorneys general, and Hawai`i's share is 0.601865%.

THE HAWAI`I TOBACCO SETTLEMENT SPECIAL FUND

SB1034, SD 1, HD 2, CD 1 in Regular Legislative Session 1999 created the Tobacco Settlement Special Fund (TSSF) into which Hawai`i's tobacco settlement revenue would be deposited. As Act 304, SLH 1999, the legislation outlined how the tobacco settlement money would be directed, placed the special fund under the purview of the Department of Health, set authorized ceilings and appropriated the projected revenue for the first two fiscal years.[6]

Codified as Chapter 328L, Hawai`i Revised Statutes, this landmark legislation originally allocated 60% of Hawai`i's scheduled tobacco settlement payments to public health efforts. Specifically, the law allocated the TSSF as follows:

- 40% of the funds to an Emergency and Budget Reserve Fund for rainy day reserve;
- 35% of the funds to the Department of Health for prevention-oriented public health programs, with up to 10% of the total revenue for children's health insurance programs;
- 25% of the funds to a Tobacco Prevention and Control Trust Fund for youth and adult education, prevention and cessation programs, and chronic diseases related to tobacco use.

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[4] The four states that were not part of the MSA but settled their own independent lawsuits against the tobacco industry prior to the MSA. They are Florida, Minnesota, Mississippi, and Texas.

[5] Hawai`i received two payments a year through April 2003 (initial and annual). Payments are now once a year in April, or the fourth quarter of each state fiscal year.

[6] FY 1999-2000, FY 2000-2001. Beginning with FY 2001-2002, the entire TSSF projected revenue was brought into the DOH's executive budget appropriation and is incorporated within the special fund line item in HTH 595, Health Resources Administration. The TSSF's designated HTH and org code is 595KK. DOH is responsible for setting budget ceilings for the TSSF and its sub-accounts.

The law states that the special fund serves as a mechanism to maximize financial resources for tobacco prevention and control, health promotion and disease prevention programs, and to serve as a long-term source of stable funding for prevention-oriented public health efforts. It serves as a medium for public-private partnerships to reduce tobacco consumption in Hawai`i, to control and prevent chronic diseases where tobacco is a risk factor, to promote healthy lifestyles through better nutrition and improved physical activity, and to promote an emphasis on primary prevention for children adolescents. The emergency and budget reserve fund was established to provide the state with a financial reserve to be used for disaster recovery, in the event of an emergency, or in times of economic downturn.

The statute has been amended four times since its inception, and money has been lapsed twice into the general fund. Act 270, SLH 2001, provided up to $350,000 from the TSSF to the Department of the Attorney General (AG) for enforcement activities related to the MSA. In the Third Special Session of the legislature, 2001, Chapter 328L, HRS, was amended by Act 14 to redistribute the tobacco settlement special fund, effective July 1, 2002 as follows:

- 24.5% to the Emergency and Budget Reserve Fund;
- 35% to the Department of Health, with up to 10% of total revenue for children's health insurance programs (unchanged);
- 12.5% to the Tobacco Prevention and Control Trust Fund;
- 28% to the University of Hawai`i to pay debt service on revenue bonds to support construction of a new health and wellness center, to include a new medical school and bioresearch center.

HB2827, CD 1, Section 44, 2002 Regular Session, lapsed $1.2 million from the TSSF into the general fund. Act 17, SLH 2003, provided a full $350,000 each fiscal year to the AG instead of up to $350,000. Act 179, SLH 2003, repealed a previous exemption from administrative service fees and requires the TSSF to pay assessment charges for central services (5% of yearly revenue) and administrative expenses (1.5% on expenditures from the special fund). The assessments are deposited into the general fund. Act 178, SLH 2003, lapsed $1.9 million from the TSSF into the general fund.

EMERGENCY AND BUDGET RESERVE FUND

Approximately $62.5 million has been transferred to the state's Emergency and Budget Reserve Fund (EBRF) to be used in times of economic downturn, disaster recovery, or designated crises.[7] In FY 2001-2002, Act 1, Third Special Session, 2001, appropriated $2 million from this fund to provide

[7] Chapter 328L-3, Hawai`i Revised Statutes.

emergency food and housing needs of Hawai`i's poor in the aftermath of the September 11, 2001 attacks. Act 175, SLH 2002, with the Governor's Message of 6/25/02, appropriated $9,731,294 from this fund to meet various educational and social welfare needs. Of the approximate $9 million appropriated, $7,391,358 was allotted. Act 215, SLH 2003, appropriated $10.7 million from the EBRF to meet chosen educational and social welfare needs, of which approximately $7.3 million has been allotted.

TOBACCO PREVENTION AND CONTROL TRUST FUND

Administered and invested by the Hawai`i Community Foundation, the Trust Fund[8] has received approximately $38 million from the TSSF. The Trust Fund Advisory Board, in cooperation with the DOH, completed a five-year statewide strategic plan for tobacco prevention and control, with a rolling one-year plan for the Trust Fund. At the end of each grant making year, the Advisory Board reviews grant activities and outcomes to help chart the next year's grant making priorities. The Advisory Board recently completed its recommendations for the fourth year of grant making (done on a calendar year) and has proposed a grant making allocation of approximately $7 million for CY 2004.

The Trust Fund Advisory Board, created by statute, oversees and sets the strategic direction for the Trust Fund. The composition of the Board is also set by law, and the eleven members serve without compensation for terms of three years. Board appointments are made by the Governor and the Director of Health based on the law's requirements.[9] The meetings of the Advisory Board are open to the public, and notice of meetings is posted with the Lt. Governor's office consistent with Sunshine Law requirements.

The Trust Fund is an endowment fund, providing a sustainable funding source for tobacco prevention and control. In addition to changing the Trust Fund's TSSF allocation from 25% to 12.5%, Act 14, Third Special Session Laws 2001, also stipulated that up to 50% of the fair market value of the Trust Fund at the end of the previous fiscal year may be expended.

CHILDREN'S HEALTH INSURANCE PROGRAMS

There is a Memorandum of Agreement between the Department of Health and the Department of Human Services (DHS) documenting arrangements for transfer of needed revenue to match federal funds for S-CHIP and to fund

[8] Chapter 328L-5, Hawai`i Revised Statutes
[9] Chapter 328L-6, Hawai`i Revised Statutes

the immigrant and CoFA[10] children's health insurance programs. Approximately $17.4 million has been allocated to this sub-account, of which $15.25 million has been transferred to DHS to date. Act 57, SLH 2003, appropriated on a one-time basis $6.25 million from this sub-account to cover general Medicaid shortfall, and this is part of the $15.25 million figure.

DEPARTMENT OF HEALTH – THE HEALTHY HAWAI`I INITIATIVE

Background

In Act 304, SLH 1999, the legislature mandated the DOH to expend 25% of the tobacco settlement money for health promotion and disease prevention programs. . . promotion of healthy lifestyles (including fitness, nutrition and tobacco control), and prevention-oriented public health programs.

To fulfill this mandate entrusted to the Department of Health, the DOH, in collaboration with its Health and Wellness Advisory Group and The Centers for Disease Control and Prevention (CDC), created the Healthy Hawaii Initiative. The Initiative has been a major, statewide effort to encourage healthy lifestyles and the environments to support them with an emphasis on the healthy development of children and adolescents in relation to three critical shared risk factors of unhealthy eating, lack of physical activity, and tobacco use that contribute significantly to the economic and health burdens of chronic diseases that consume over 60 percent of medical care expenditures.

Launched in mid-2000, the HHI was created as a subset of the national health initiative, *Healthy People 2010*, with two major overarching goals of increasing years of healthy life for all, and reducing existing health disparities among ethnic groups in Hawaii. The HHI model is adapted from the CDC's best practices approach to comprehensive tobacco prevention and control. The four interrelated components of HHI are:
(1) coordinated school-based health; (2) community-based initiatives;
(3) public awareness/social marketing and professional education; and, (4) surveillance, assessment, evaluation, and research.

Why invest in health promotion and disease prevention? We face an epidemic of unparalleled proportions. "More than ever, it is critical that we, as a nation, step up prevention efforts to fight chronic disease. In recent years, we have become increasingly aware of the burden of illness and death caused by chronic disease such as cancer, diabetes, heart disease, stroke, and obesity, *and of the connection between these chronic diseases and lifestyle*

[10] Compact of Free Association

choices such as tobacco use, poor diet, and lack of exercise." (Emphasis added.)[11]

Alarmed at the increasing burden of chronic disease globally, the World Health Organization (WHO) has completed a draft global strategy on diet, physical activity and health. "For all countries, current evidence suggests that the underlying determinants of noncommunicable[12] diseases are largely the same. These include increased consumption of energy-dense, nutrient-poor foods that are high in fat, sugar and salt; reduced levels of physical activity at home, at work and for recreation and transport; and tobacco use."[13]

The report comments that noncommunicable disease risk factors frequently coexist and interact. As the general level of risk factors in the population increases, large proportions of populations are put at risk. Preventive strategies should therefore attempt to reduce risk through the population. Such risk reduction, even if modest, will cumulatively yield the greatest and most sustainable benefits for populations and which will far exceed the limited impact of interventions restricted to individuals at a high level of risk. *Healthy diets and physical activity will provide widespread benefits for the population and, together with tobacco control, will constitute the best strategy to contain the mounting global threat of noncommunicable diseases.* (Emphasis added)[14]

Hawaii, through the Healthy Hawaii Initiative, has already embraced and implemented strategies to carry out these national and international recommendations. Through our wise use of tobacco settlement money, Hawaii is recognized as one of the leaders in the nation for exemplary integrated prevention initiatives. Recent reallocations of tobacco settlement money, however, have placed the HHI in jeopardy.

An extensive body of research from local, national, and international experts continues to show that physical inactivity, unhealthy diet, and tobacco use are the leading preventable risk factors for chronic disease.

Using tobacco is the number one preventable cause of death and disease in the United States. Tobacco use kills over 440,000 people each year and costs the nation more than $75 billion in direct medical costs and $81 billion in

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[11] The Power of Prevention, *Steps to a HealthierUS*, U.S. Department of Health and Human Services, 2003.
[12] Chronic diseases such as cancer, diabetes, cardiovascular disease, stroke.
[13] Integrated Prevention of Noncommunicable Diseases, Draft Global Strategy on Diet, Physical Activity, and Health, page 4, WHO, November 2003. To download the entire report, go to www.who.int/hpr/global.strategy.shtml.
[14] Ibid., p.6

economic productivity losses – an average of $3,391 per smoker per year. (CDC, 2003). This trend is seen in Hawaii: tobacco use results in the death of over 1100 residents each year at a price of $525 million a year in medical costs and lost productivity. Physical inactivity and poor diet are the number two and number three preventable causes of death and disease. These risk factors cost Hawaii as much as $97 million in medical expenses each year. (CDC, 1999)

In Hawaii, currently 17.1% of adults are obese; 36% are overweight; 47.3% do not meet physical activity recommendations; 79% do not eat enough fruits and vegetables (5 or more servings per day); and, 21% of adults currently smoke cigarettes (BRFSS, 2002).[15] Hawaii's youth in grades 9 through 12 are also engaging in harmful behaviors: 15% report using tobacco in the last month; 84% do not eat enough fruits and vegetables; and, 41% did not participate in vigorous physical activity in the past three days or moderate physical activity in the past five days (YRBSS, 2001).[16]

Prevention is not only cost-effective; it is fundamental to assuring quality of life for all people. Actions that bring about positive health also bring wider social, economic and environmental benefits for the population at large. A healthier population makes more productive contributions to overall societal development, requires less support in the form of health care and social benefits, and is better able to support and sustain itself over the long term.[17]

The Healthy Hawaii Initiative, 2000-2003

The original guiding strategies of the Healthy Hawaii Initiative were to develop sustainable systems, environmental and policy changes in physical activity, nutrition, and tobacco use through integrated efforts of the four previously defined components.

Assumptions that Guide HHI:

- ✓ An effective public health strategy combines programs directed at specific individuals or groups, with efforts to change the basic social and environmental conditions that support health and well-being.
- ✓ Reductions in risk behavior, as well as improvements in health status, will not be widespread and sustainable without changing community conditions (environment; social norms).
- ✓ An integrated, non-categorical approach is the most efficient way of organizing public health resources to change community conditions.

[15] Behavioral Risk Factor Surveillance System
[16] Youth Risk Behavioral Surveillance System
[17] Population Health Template: Key Elements and Actions That Define A Population Health Approach, Strategic Policy Directorate, Health Canada, July 2001

- ✓ Community-generated action strategies will be more feasible and successful than interventions imposed by others.
- ✓ Communities must have capacity in certain core competency areas in order to effect change.

Guiding Principles of HHI:

- ✓ Continual improvement of accountability and focus on measurable outcomes.
- ✓ Clear statewide outcome objectives founded on evidence-based research.
- ✓ Allow of authentic community ownership through local planning action.
- ✓ Invest in building core competencies for community problem solving.
- ✓ Rely on performance partnerships, innovative management, and administrative flexibility to maximize the investment.
- ✓ Recognize that all communities are different, and interventions need to be developed that are appropriate for the community.

Following is an overview of the past three years.

Community-Based Initiatives

Committed to collaboration and community partnerships, the HHI established nutrition/physical activity and tobacco coalitions; coalitions that focus on the needs of youth and public housing residents; partnerships with the neighbor island county governments; and, partnerships with communities and non-governmental organizations across the state – designed as part of a community engagement process to assist communities in building and maintaining their own infrastructures for promoting, educating and supporting environmental, systems, and policy changes that foster increased physical activity, better nutrition and decreased tobacco use.

In order to accomplish these goals, a needs and resource assessment model was used in order to (1) encourage communities to identify ways to make their lives healthier and (2) identify and provide resources necessary to achieve their visions. The community-based initiatives addressed barriers to promoting healthy lifestyles through strategies that build collaborations to enhance a continuum of sustainable programs and services that address risk factors for chronic diseases.

Grassroots Projects

Twenty-six communities implemented initiatives specific to their community-based action plans that were focused on improving nutrition, increasing physical activity, and reducing and preventing tobacco use.

COMMUNITIES FUNDED	
Kalihi	Ka'u
Nuuanu/Makiki	Central Hilo
Kaneohe/Kahalu'u	Keaau
Waialua/Haleiwa	Pahoa
Waipahu	Rural South Hilo
Kaimuki/Palolo	Molokai
Waianae	Makawao
Kapolei	Lanai
Pearl City	Hana
Nanakuli	Kihei
Honoka'a	Central Kauai
Kohala	Kapaa
Laupohoehoe	Waimea

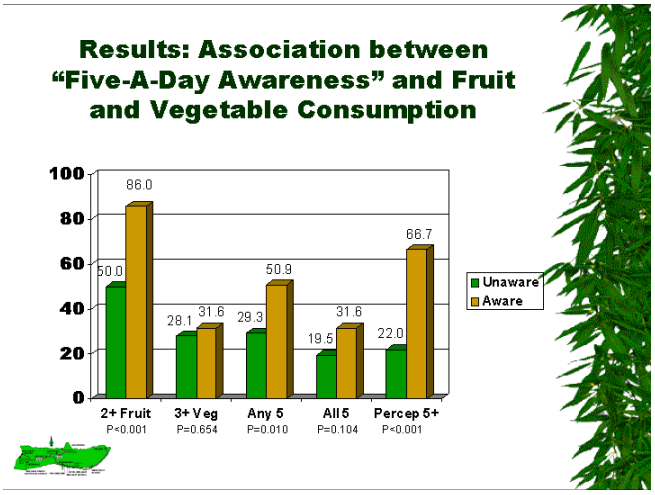
Highlights of successful HHI innovative community-based projects that have demonstrated success include the following:

Since Native Hawaiians continue to experience greater health problems than all other ethnic groups in Hawaii, including higher death rates, and higher rates of chronic diseases, the predominately native Hawaiian community, ***Panaewa Hawaiian Home Lands Community Association in rural south Hilo,*** focused on environmental and systems change to promote physical activity in their community. They worked in collaboration with the Hawaii County Department of Parks and Recreation, the Queen Liliuokalani Children's Center, and the University of Hawaii at Manoa Extension Services. Working together, this community created a community walking path with outdoor exercise equipment to encourage accessibility to safe and vigorous physical activity for community members of all ages. This community and its partners continue to sustain the environmental and system changes through obtaining funding from other sources, development of additional programs, and the commitment of community members to maintain the project. In addition to increasing physical activity, this project has been the impetus for staging the approach for this community to improve the over all health status of their community.

The communities of ***Naalehu and Pahala*** in Ka'u, through analysis of a health interest survey, determined that cardiovascular disease and diabetes were the leading health concerns for their communities. Through HHI funding, the ***Bay Clinic, Inc.*** established the ***Wise Heart Project*** to

increase physical activity, improve nutrition, and prevent tobacco use. The project established two centers that provide free access to exercise equipment, two official walking paths, extended hours at the Pahala swimming pool for general public swim, and created partnerships with community businesses to encourage employee wellness. The Wise Heart Project established wellness clinic days to help residents monitor improvement in their health progress/status by providing free blood pressure testing, glucose testing, and cholesterol screening. In addition to preventive screening, the project provides health information to promote and support healthy lifestyle changes in these two rural communities.

Molokai has the highest rate of chronic disease in the State of Hawaii. Through ***Lamalama Ka Ili Community Health Service's Hō`olaia Molokai Project***, this rural, medically underserved community, chose to implement programs to address systems changes in all three HHI risk factor areas. Two hundred ninety-five individuals in nineteen local businesses participated in the ***Molokai Business Challenge***, a work-site health promotion program. An average of eight pounds was lost per person, and individuals significantly improved in flexibility, cardiovascular endurance, and body fat percentage. Small but statistically significant reductions in diastolic blood pressure were noted. This program has established an information system capable of collecting, tracking and reporting progress based on objective measures in the areas of fitness for participants in this rural community. The health risk assessments familiarized participants with the common signs of diabetes, heart disease, and cancer.



A survey of eating habits on ***Molokai*** indicated that twenty-eight (28%) percent of the residents eat out more that once a week, and fifty (50%) percent of those who ate out did so more that three times a week. Therefore, this community partnered with local restaurants to offer healthy menu choices. Forty-one (41%) percent of the restaurants on Molokai participated in the ***Healthy Menu Item Program***, making healthy changes to their menus.

Research from the National Cancer Institute demonstrates that one of the strongest predictors of dietary change is awareness of the 5-A-Day

recommendation. To promote the consumption of fruits and vegetables, ***Ho`olaia Molokai*** formed partnerships with grocery stores and the University of Hawaii, College of Tropical Agriculture and Human Resources, Extension Services (CTAHR). Through CTAHR technical assistance, residents can now grow their own hydroponic fruits and vegetables, and teach other community members how to raise hydroponic produce. While many had heard about eating 5 a day, there were no "visual" reminders to encourage residents; therefore, a registered dietician developed ***Healthy Tips*** to suggest ways the consumer can modify a specific non-produce item to incorporate fruits or vegetables.

To strengthen and promote the importance of consuming at least 5 servings of fruits and vegetables, this project sought to clarify the already successful 5 a Day awareness campaign by developing a significant, actionable, memorable nutrition statement for consumers. Thus, the ***5 A Day Shaka*** was conceived ~ so remember 2 fruits (wiggle thumb and pinky) and 3 vegetables (wiggle three fingers between thumb and pinky).

To increase physical activity among adolescents and adults in ***North Hilo***, the community of ***Laupahoehoe*** focused on improving existing community infrastructure by clearing an old county road to establish a one mile walking and biking trail to Laupahoehoe Point. ***The Laupahoehoe Train Museum***, in collaboration with Laupahoehoe Elementary and High School, Department of Parks and Recreation, and the North Hilo Community Council installed an outdoor volleyball court and horseshoe pits at Laupahoehoe Point Park. This community developed and implemented a water safety program for youth and installed easy access steps to the community pool to provide access for seniors. This community continues to provide an educational program to help youth choose and maintain healthy lifestyles.

Twenty-four of the twenty-six communities that were awarded funding completed their action plans. One (**Waipahu**) returned their funds, while another (**Pearl City**) is just getting started. The twenty-four communities accomplished a total of 13 environment, 7 policy, and 52 systems changes. A few "champions" accomplished the majority of the sustainable changes. Forty-two percent of the communities completed more than 2 sustainable changes. (See Appendix III for detailed results.)

Targeted Intervention Community Projects

In addition to the grassroots efforts, the Healthy Hawaii Initiative has supported targeted interventions for sustainable social and environmental changes, planned and carried out by a diversity of organizations and community members ranging from governmental agency collaborations to schools to community-based coalitions.

- ***The Ke Kula `o Samuel M. Kamakau Laboratory Public Charter School*** developed and implemented a food based curriculum and student participatory food service project in order to increase the proportion of youth aged 6- 18 years whose intake of meals and snacks at school contributes to overall dietary quality. This school-based nutrition education project integrates classroom curriculum with food literacy to effectively teach our youth to accept and eat a diet rich in fruits and vegetables, based on a foundation of whole, unprocessed complex carbohydrates with adequate amounts of protein and calcium rich foods, along with ample physical activity.

  This "hands-on" approach makes clear the relationship between soil fertility, caring for our land, and healthy eating. Students learn to enrich and supplement the soil utilizing organic methods to grow mineral and vitamin rich produce, cultivate taro, and healthy meal preparation. Family support for healthy lifestyle change has been encouraged by sharing healthy meals produced in the Sam Kamakau ahupua`a and by including an educational component. This project provides nutrition education to approximately 450 Hawaiian immersion students and their families and 60 non-immersion students in six schools on Oahu, Hawaii, and Kauai.

- ***The City and County of Honolulu Department of Parks and Recreation***, in partnership with the ***Department of Education,*** is focusing on increasing the access and availability of underused resources for physical activity in urban Honolulu. In partnership with the DOE, the Department of Parks and Recreation will survey seven public high schools in urban Oahu to assess suitable facilities, will develop one joint-use agreement with one high school to serve as a model site, and develop promotional and educational activities targeting the community.

- ***The City and County of Honolulu Department of Transportation Services*** developed a countywide campaign to encourage environmental and policy changes that will make communities safer for pedestrians and bicyclists. The City has

developed the Kama`aina Streets Coalition to make streets safer and to encourage and promote other transportation choices such as walking or bicycling. The City will develop the Bike Akamai program to teach youth and adults the skills and knowledge they need to be competent bicyclists.

- ***The University of Hawaii's Department of Kinesiology and Leisure Science*** developed and implemented ***Project SUPPORT*** to increase physical activity levels in school aged children. In Hawaii, the average level of childhood obesity in children is higher than the national average.[18] [19]Childhood obesity is a significant predictor of obesity in adulthood; therefore, interventions in childhood may be the most effective method of preventing adult obesity. Physical activity can stimulate various parts of the brain and have favorable effects on academic achievement while guiding individuals towards a more physically active lifestyle. Through Project SUPPORT, educators from the University of Hawaii successfully collaborated with pre-school and elementary school teachers in developing strategies to augment physical education with short bouts of physical activity (intervention) throughout the school day. Findings from observational data demonstrated that schools with a physical education teacher were more successful in increasing physical activity (a 12% increase).

  The research team used pedometers to monitor the number of steps taken by students across two school days. A total of 539 children were monitored prior to the intervention and 370 children after the intervention. The difference in numbers of children can be attributed to absences, children transferring to other schools, and technical problems with a few pedometers. Pedometer data showed that the children significantly increased the number of steps they took after being exposed to the intervention.

  At the end of the 2003 school year, twenty-four teachers had implemented activities to increase levels of physical activity, and collaborated with students in developing innovative strategies to increase levels of physical activity among students.

- ***Friends for Fitness*** is a non-profit organization that is mobilizing the ***West Hawaii*** community to improve and maintain the community

[18] Chai, Kaluiokalani, Little, Hetzler, Zhang, Mikami, & Ho, 2003
[19] Chai, D., N. Kaluhiokalani, J. Little, S. Zhang, J. Mikami and K. Ho (2003). Childhood overweight problem in a selected school district in Hawaii. American Journal of Human Biology, Vol. 15, No. 2, pp. 164-177.

walking trail, Maka`eo, at the old Kona Airstrip. The grass roots efforts of this organization has resulted in establishing partnerships with private businesses to improve and support the trail and has generated approximately $20,000.00 in contributions from throughout the West Hawaii community. Residents and community-based groups come together to assist the State in maintaining the trail. In addition to improvements, this organization has been effective in organizing events to promote and encourage residents to use the walking trail. Inspirational stories of individuals who walk the trail at Maka`eo were captured in the local daily newspaper.

"He didn't start walking regularly until a year and a half ago, when his doctor warned him he needed to exercise to keep the disease under control."
~ 67 year old diagnosed with diabetes~
From West Hawaii Today, May 5, 2003

"I walk at least a mile a day. I alternate between my walker and crutches, but I don't get tired…. I get frustrated at times…. I try to live a normal life as much as I can."
~70 something year old, partially paralyzed, regular user of the trail~
From West Hawaii Today, May 16, 2003
(See Appendix IV)

- ***The Boys and Girls Club of Hawaii*** is providing the leadership for facilitating and organizing ***Youth Councils on Healthy Living statewide*** to promote physical activity, healthier eating habits, and tobacco-free lifestyles and environments among Hawaii's youth. Under the guidance and support of agency and HHI staff, youth council members conceptualized strategies to encourage their peers and families to embrace a healthier lifestyle. This statewide campaign led by youth, for youth, was successful in effectuating environmental and systems changes to promote healthier lifestyles among their peers and families

  Through partnerships with other community-based organizations and businesses, local youth councils participated in organized community events targeting communities, these youth provided health promotion education and raised the awareness of their peers and adults on the benefits of getting active, eating better, and living tobacco free. Over 90,000 people benefited from the efforts of the statewide ***Youth Councils on Healthy Living***. The youth are in the process of

developing strategies to sustain the impact of their initial campaign by engaging additional youth across the state.

- ***Parents and Children Together's (PACT) KPT Family Center*** is facilitating the establishment of an island wide ***Public Housing Wellness Coalition*** to develop resident-driven community health strategies and activities for tobacco control, good nutrition and increased physical activity to improve the health of public housing residents. Last year they planned a highly successful community fair called "The Kuhio Community Starts Living Healthy" in partnership with CHD/HHI. Development of the island-wide coalition will begin with the Kuhio Community, which includes Kuhio Park Terrace (KPT) and Kuhio Homes, the largest public housing complex in the State, and will work with both the KPT and Kuhio Homes Residents Associations to initiate the public housing wellness coalition.

  The PACT staff will assist the residents by sharing options and opportunities which will enable them to create culturally appropriate, realistic goals and strategies. Suggestions include: incorporating a walking program with the existing community's neighborhood security watch program to promote engaging in regular physical activity while conducting the security walks throughout the community; requiring other non-profit agencies servicing the community residents to integrate the three messages (eating healthier, getting regular physical activity, and living tobacco-free) as part of the information that they provide to their respective clients; partnering with Kokua Kalihi Valley Comprehensive Family Services to include assessment of health practices through a community survey targeting the three risk behaviors in the Kuhio Community.

Physical Activity and Nutrition Coalitions

Last year marked the beginning of combined Nutrition and Physical Activity Coalitions (NPAC) on each of the major neighbor islands – one each on Maui and Kauai, and two on the Big Island. The focus of these coalitions included: (1) chronic disease prevention as it relates to nutrition, physical activity, and tobacco use; (2) policy, systems and environmental change approaches; and, (3) addressing high-risk priority populations. Programs included the **Neighborhood Health Initiative**, a community based health promotion program in Kealakehe Hawaiian Homestead; **Maui Teen Health Expo**, a health expo put together by teens for teens; and, **Chairish Your Body**, a Kauai physical activity program piloted in Kekaha and Hanalei schools.

Collaboration with the tobacco coalitions has enabled most NPAC projects to have their events smoke-free and to include a tobacco education component as part of overall chronic disease prevention.

The **Hawaii 5 a Day Coalition** is composed of representatives from non-governmental organizations, businesses, agencies, and the community interested in promoting "5 a Day", eating at least five servings of fruits and vegetables daily. The coalition has evolved within the past year to include more school and agriculture related agencies, including the Board of Education, Department of Education (DOE) School Food Service Branch, DOE Office of Hawaii Child Nutrition Program, USDA, Hawaii Farm Bureau Federation and the state Department of Agriculture.

The coalition is in the final stages of printing two Hawaii 5 a Day brochures – *Eating 5 a Day in Hawaii* and *Eating by Color*. This year the coalition will be focusing on promoting 5 a Day education and awareness statewide.

The **Food Just Grow It! Curriculum** for high school students provides instruction on how to grow produce, the nutritional value of specific produce, and food preparation and safety. Kauai, Waimea, Leilehua, Waianae, Kealakehe, and Konawaena high schools have begun implementing the curriculum. All schools report positive feedback from students and teachers. This project has fostered school agriculture fairs and produce fundraisers.

Statewide Tobacco Coalitions

Tobacco use is the number one preventable cause of death and morbidity in the U.S. and in Hawaii. The Healthy People 2010 objective 27-12 for tobacco use is to increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas. In an attempt to eliminate exposure to tobacco smoke, Hawaii has implemented Clean Indoor Air legislation in every county.

The existing state statute for protecting employees at the worksite was passed in 1987, and despite repeated efforts over the past 16 years to get the legislature to bring the statute up to current public health science and standards, no changes have been made. This prompted the adoption of a strategy to have the individual counties adopt ordinances that would provide protections for all worksites. ***Community-based tobacco coalitions on Oahu and the Neighbor islands were mobilized to address this issue and received specific training and technical assistance form both state and national organizations to advance this objective.***

In 1997, the City and County of Honolulu passed a workplace ordinance providing protections for all enclosed workplaces on Oahu, exempting bars, restaurants and nightclubs. In 2001, Honolulu passed an ordinance removing the exemption for restaurants, effective July 1, 2002. Within months, the Counties of Maui and Kauai passed similar ordinances. Maui enacted an ordinance for restaurants only and Kauai enacted an ordinance for both restaurants and worksites with some exemptions. Both ordinances became effective January 1, 2003. In 2003, Hawaii County passed an ordinance covering both restaurants and workplaces.

Hawaii is the only state where 100 percent of the counties have enacted some form of clean indoor air legislation. Current estimates project that close to 85 percent of workers in the state are protected by either law or policy from exposure to secondhand smoke.

Community Partnerships and County Projects

In 2002, the **Hawaii Farm Bureau Federation** encouraged its fairgoers on all islands to start living a healthier lifestyle by walking its fairs and eating more vegetables and fruits. 95,000 fairgoers at the Hawaii State Farm Fair on Oahu were treated to free Nalo Greens salads. 35,000 fairgoers on Kauai received pamphlets, brochures, and health assessments from the Department of Health and community health partners. 96,000 fairgoers at the Maui County Fair were given the opportunity to enjoy tasty, healthy dishes prepared by Maui Community College culinary students. 4-H'ers on Maui also promoted healthy cooking contests and horticultural exhibit contests. 26,000 Big Island residents heard the 5 A Day message.

The Hawaii Farm Bureau Federation, in collaboration with the Department of Health, is developing a Chef-Farmer Educational Tour that will demonstrate to fifth grade students the preparation of healthier meals, promote the health benefits of fresh produce, and stress the importance of buying locally grown produce. In addition, the Maui Farm Bureau and Maui Community College are collaborating on a program to create and teach healthy recipes to public school cafeteria managers.

The Hawaii State Farm Fair in 2003 embraced the Start.Living.Healthy. message by providing a healthier food booth that featured sandwiches, salads, and soups as an alternative to traditional carnival food of pizza, fries, beef stew, cotton candy, and other fat- and sugar-rich items. In addition, 76,907 fairgoers participated in a variety of interactive games at the physical activity, nutrition, and tobacco-free booths.

The College of Tropical Agriculture and Human Resources (CTAHR), University of Hawaii at Manoa, in collaboration with the Community Health Division and the Hawaii Food Industry Association (HFIA), will be developing posters detailing the nutritional content of raw vegetables and fruit as part of the **Healthy Living Hawaii** project. In addition, a brochure listing recipes with vegetables and fruits will be available along side the posters. The posters and brochures will be placed in all Hawaii retailers selling vegetables and fruits, physicians' offices, community health partners, and other interested parties. The placement of the posters and brochures will be preceded by a promotional campaign that directs the consumer to look for the posters and brochures as an aid in making healthy eating choices. The poster extends the Start.Living.Healthy. campaign into the retail environment and promotes the "5 A Day" and the "Buy Hawaii" messages, in addition to recognizing HFIA members as responsible corporate citizens.

County of Hawaii

The County of Hawaii's Department of Parks and Recreation launched its inaugural Start.Living.Healthy. campaign with a Family Fair at the Prince Kuhio Plaza on September 28, 2002 with free food sampling, exercise programs, healthy food preparation, prizes, and entertainment. Three hundred senior citizens and children participated in physical activity demonstrations, with a total of 2,000 fairgoers visiting health-oriented booths and healthy cooking classes. In May 2003, the Department of Parks and Recreation created a series of mini-health fairs at its five district parks. During the 2003 Summer Fun program, a licensed dietician instructed 1,005 youngsters from seventeen recreation centers on the preparation of healthy snacks. Department of Education physical education teachers helped the youngsters learn the importance of physical activity. Water aerobics and exercise, in conjunction with a nutritional program, were made available to the community. All activities were videotaped for viewing on the "Living in Paradise" program that reaches nearly 75% of the population.

Through the assistance of the KTA Super Stores, the Start.Living.Healthy. campaign reaches 75% of the residents on the Big Island through the "Living in Paradise" program on cable channel 56.

County of Kauai

The County of Kauai's Department of Public Works adopted the "Kauai's Great Weigh Out" as a Start.Living.Healthy. event for 2003. "Kauai's Great Weigh Out" was recognized as a dynamic catalyst to promote a healthy lifestyle through nutrition, physical activity, and tobacco cessation. Over 5,000 signed up to participate in a variety of physical activity events and

seminars over an 8-week period. Fifteen teams of 10 competed and lost a total of 1,300 pounds. In addition, the County of Kauai assessed its neighborhood centers with the intent of converting these facilities into fitness-health information centers. A health and physical activity advisory board has been established to assist the County of Kauai in developing its strategic plan for recreation. In July 2003, a Summer Enrichment Program for physical activity was established at nine sites, with 600 youngsters participating.

County of Maui

The County of Maui's Kaunoa Senior Services developed a gym scholarship program open to all Maui residents that reduced the cost of health club memberships. The State Senior Softball Tournament in August 2002 provided senior softball players with stretching demonstrations and nutritious snack samples. Maui's diverse fairs and community walks have provided opportunities to promote Start.Living.Healthy. 2000 visitor industry walkers heard physical activity and nutrition messages at the "Maui Charity Walk." 2000 Maui residents heard the Start.Living.Healthy message at the "Cultural & Arts Day." 2500 children and their parents learned about the importance of physical activity and proper nutrition at the "Keiki Festival." 1000 youngsters learned to "hulacize" at the "No Tobacco Day."

In 2003 - 2004, the County of Maui will promote healthy lifestyles with children in the "Get Fit Maui!" campaign. In addition, 50 county employees will receive gym scholarships in the "County Counts to Health!" campaign that encourages workplace wellness. (See Appendix VI)

Public Awareness & Education

Start.Living.Healthy. – HHI Public Education Campaign

The combined public education and social marketing campaign for HHI is based on a socio-ecological model to effect behavior change at multiple levels of society (individual, interpersonal, organizational, community, and societal). This model not only addresses individual level knowledge, attitudes, and self-efficacy related to behavioral change, but also the social supports, policies and environmental barriers and facilitators to such behavioral change.

The DOH's overall strategy was to create a comprehensive, multi-faceted social marketing campaign targeting the public at large, in order to increase awareness of approaches to healthier lifestyles. Community engagement and

participation was the main vehicle for accomplishing the combined public education and social marketing campaign:

- A branding theme was created titled: Start.Living.Healthy. (SLH) supported with compelling and creative messaging;
- Media partnerships were facilitated with businesses and organizations such as Cox Radio, KHNL/K-5 Television Stations, Hawaii Sports Network (Higher Faster Stronger), Consolidated Theatres, Jan Ken Po, Emme, Inc.;
- Community activities, special events and other opportunities to support the public relations efforts were created;
- The HealthyHawaii.com website was developed and enhanced with supportive educational information on healthy lifestyles;
- Additional community level partnerships and collaborative efforts were created to promote living tobacco free, better nutrition, and increased physical activity;
- Research was conducted to evaluate and monitor the awareness of the HHI public education campaign statewide.

The Start.Living.Healthy. campaign (SLH) is a public education campaign in which the Department of Health offers the basic message – ***small, achievable changes in eating better, getting active and living tobacco-free can add up to enormous health benefits.*** Working with both public and private community partners, SLH engaged a variety of methodologies to reach the largest number of people with the greatest efficacy possible. SLH was never meant to be merely a media campaign, but rather a campaign that used the media as a starting point for the DOH's work with communities.

Highlights of the HHI Public Education/Social Marketing Campaign to encourage Hawaii's residents to Start.Living.Healthy.:

January 1, 2002 to December 31, 2002

Broadcast Production – Recorded/Produced:

- Nine 60-second radio spots
- Fifteen 10-second SLH tips for radio spots
- Ten Fit Friday Interviews/60-second Corporate Challenge testimonial radio spots
- Three 60-second SLH Corporate Challenge radio spots
- Three 60-second anti-smoking spots for the Xtreme Rap Contest
- Twelve 15-second SLH TV spots
- Three 30-second SLH Corporate Challenge TV spots

Media Impressions:

- KHNL/K5 – 29,984,824 + 37,866,104
- Cox Radios – 32,009,028 + 30,255,534
- Jan Ken Po (KHON) – 1,179,568 + 2,359,136

- NCN/Consolidated Theatres – 1,830,006 + 1,401,823
- SLH/Aloha State Games – 1,953,500
- Higher Faster Stronger – 148,088
- KHON (SLH Farm Bureau's Fair) – 2,460,144
- KGMB (SLH Farm Bureau's Fair) – 414,304
- KITV (SLH Farm Bureau's Fair) – 326,992
- Neighbor Island Radio Stations – 107,718

HealthyHawaii.com Website:

- Launched expanded website in April 2002
- Number of visitors to the site: 4,175 + 30,648
- Page Views: 44,363

Community Events/Activities:

- Participated in 86 SLH-related events/activities, primarily on Oahu; total attendance 241,277 (estimated).
- Participated in 258 SLH-related events/activities, primarily on Oahu; total attendance 273,053 (estimated).

Research:

- Conducted telephone surveys – 1,200 respondents randomly selected statewide.
- Conducted 2nd set of telephone surveys – 1,200 respondents randomly selected statewide.

January 1, 2003 to June 30, 2003

Media Impressions:

- KHNL/K5 – 25,645,458
- Cox Radios – 20,851,246
- Jan Ken Po (KHON) – 1,078,405
- NCN/Consolidated Theatres – 1,658,000
- Neighbor Island Radio Stations – 592,665

HealthyHawaii.com Website:

- Number of visitors to the site: 20,953
- Page Views: 31,386

Community Events/Activities:

- Participated in 94 SLH-related events/activities; total approx. attendance 116,439.

Research:

- Conducted telephone surveys – 1,200 respondents randomly selected statewide each time.
- Conducted 11 focus groups to test concepts of SLH messages to expand the current SLH messages.

To ensure that the SLH media campaign stays on track, DOH commissioned an on-going statewide study tracking the awareness of SLH and its reach into

the marketplace. To date, we have found that from the benchmark study conducted in March 2002 to the first tracking study in September 2002:

- More than half (53%) of those polled recalled the phrase "Start.Living.Healthy." – a 30-percentage point increase over the benchmark study
- Almost one-fifth (18%) of those polled recalled an SLH event or promotion – a 9-percentage point increase over the benchmark
- Nearly half (48%) of those polled recalled the individual message point "You gotta start somewhere" from the media campaign

Understanding that communities are their own best agents for change and that the media campaign is merely a starting point, SLH has created materials providing information on easy steps one can take to "start living healthy."

In order to maximize our limited budget and staff availability, SLH has tried to raise each event and/or promotion from merely an exposure point to an educational experience. To that end, instead of merely handing out t-shirts or trinkets, we actively work to engage participants in healthy lifestyle behaviors and activities that prompt the adoption of those behaviors.

The first phase of the SLH campaign was targeted towards general awareness. The next logical step is to develop the second phase that focuses on specific messages, as the data show that knowledge of specific physical activity and nutrition messages are less well known by the public. Lack of funding has inhibited the campaign from reaching the next level: creating tailored messages to target psychosocial variables.

Tobacco Prevention & Education Program Counter-Marketing

One key success story for media and tobacco counter-marketing is focusing on the state program goal to reduce the influence of the tobacco industry.

The CDC identified the media and counter-marketing as an essential component of a state-based comprehensive tobacco prevention and control program. Over the past five years, the Hawaii Tobacco Prevention & Education Program (TPEP) has developed a highly successful, award winning and well recognized statewide media initiative.

Over the past three years and again in 2004, HHI has funded TPEP's counter-marketing efforts and provided a 1:1 match for the program's CDC cooperative agreement award.

Counter-marketing activities have been shown to promote smoking cessation and decrease the likelihood of youth beginning an addictive smoking habit. In addition, counter-marketing has proven to be a powerful influence on public support for tobacco control laws and policies, as well as for school and community efforts. The Hawaii program has demonstrated a solid effort that has built a media program to where all major media venues are incorporated into a comprehensive initiative. TPEP spots can be seen on TV, on-screen movie ads, in shopping malls, on The Bus, at Aloha Stadium, in parking structures, in print ads, and can be heard on radio stations statewide.

The campaigns are targeted - primarily towards youth and young audiences, and placement/purchases are similarly targeted so that the programs (primarily radio and TV) reflect the appropriate demographics of the targeted ads. Independent evaluation of the statewide campaign has revealed over 90% awareness and 70% recall of TPEP's ads in targeted audiences. Further findings show that the ads were highly effective in helping both teens (62%) and adults (64%) think about their smoking addiction. TPEP's campaigns have received multiple statewide Pele Awards and national Addie Awards for their creative success.

Professional Education Campaign

The Provider Training for Changing Habits (PiTCH) is being facilitated and coordinated by the Area Health Education Center with the University of Hawaii John A. Burns School of Medicine. PiTCH has been successful in partnering with HMSA, Kaiser, JABSOM, Hawaii Primary Care Association (including the community health centers), Hanalei Family Center, Pfizer Pharmaceuticals, Subway, Inc., The Queen's Physician Group, Hui No Ke Ola Pono, Na Pu`uwai (both Native Hawaiian Health Care sites), community centers in Hana, Waimea, Ka`u and other agencies.

The PiTCH program worked with groups of health care professionals and paraprofessionals to review all national guidelines and programs for smoking cessation, nutrition and exercise counseling. Qualitative research was recently conducted consisting of fourteen focus groups of health care providers statewide to determine the most effective and culturally sensitive methods for training of local providers to discuss changing the unhealthy habits of the people of Hawaii in the areas of tobacco, diet and exercise. Community groups across the state are currently reviewing this curriculum for its cultural competence and local relevancy.

The developed curriculum is based on best practices and local feedback and will be administered to 2,000 health care providers and staff across the state

through large group continuing education events, small group discussion sessions, in office detailing visits and other efforts to disseminate the information. Feedback will be requested from all program participants to evaluate and improve the curriculum.

If further funding becomes available, PiTCH would provide continuing education to 2,000 providers a year and follow up office visits to assess effectiveness of the training.

Coordinated School-Based Health

Health-related behaviors adopted in childhood contribute to health status today and as adults. National guidance recommendations have identified the school as the major institution with the unique ability to address improving both educational and health outcomes for young people. The CDC has developed an eight-component framework for coordinating school health. Prior to the HHI, the infrastructure to organize the components of school health was fragmented across the Departments of Education and Health. National recommendations also site comprehensive health education and physical education as important components that contribute to improved educational and health outcomes for children.

To improve the coordination of school health and to systematically implement standards-based health education and physical education, the DOH and DOE entered into a partnership in 2000. The agencies are collaborating on developing the infrastructure for school health and on supporting implementation of the coordinated school health program (CSHP) in complex schools. Through HHI funding, DOE is providing professional development for teachers statewide in health education and physical education. Trained teachers receive resources to take back to the classroom to support standards-based teaching. Individual complexes and schools can request technical assistance and have trainings on site. The focus of the curriculum area is on developing skills and competencies to support critical learning and health promoting behaviors.

The DOE applied for and received a CDC cooperative agreement for CSHP. The success of the DOE's application was due in large part to the DOH/DOE partnership under the Healthy Hawaii Initiative.

An excellent journal article entitled, "Building School Health Programs Through Public Health Initiatives: The First Three Years of the Healthy Hawaii Initiative Partnership for School Health," has just been published in the CDC's January 2004 edition of the e-journal, Preventing Chronic Disease.

The article provides a comprehensive discussion of the school-based health component of the HHI and appears as Appendix XI. Please also see Appendix II for detailed summary results of CSHP.

Assessment, Evaluation and Research
The Hawaii Outcomes Institute
& Social Epidemiology Project

The Hawaii Outcomes Institute (HOI) has been created through a partnership with the University of Hawaii John A. Burns School of Medicine, Department of Public Health Sciences and Epidemiology, to build a neutral, credible data warehouse to process, integrate, analyze and share information with communities, agencies, potential funders, legislators and other stakeholders to support informed decision making about the health and welfare of Hawaii's people. Designed as well to help develop professional capacity in assessment, evaluation, and outcomes applications, the Institute has the potential to establish Hawaii as an international center for public health research on community and systems change relating to chronic disease prevention.

To date, HOI has made significant contributions in two important areas: (1) development of Hawaii's public health infrastructure through the Hawaii Health Data Warehouse (HHDW) and the Department of Health Data Management Training Program; and (2) development of community skills, both in using data (with the community health profiles, *Toward a Healthy Hawaii 2010*) and in evaluation (with the Tobacco Prevention and Control Trust Fund Community Grants evaluation).

Hawaii Health Data Warehouse

The HHDW was developed as a database of the public health data required to produce community health indicators in support of surveillance activities and research. Community health indicators developed by the National Association of County and City Health Officials (NACCHO) and the CDC include broad-based surveillance data and measures related to health status and health risk. The HHDW contains data from eleven DOH public health datasets, which include 110 community indicators. The information is available over the Internet and uses standard commercial products for statistical analysis and reporting.

The HHDW was developed iteratively in acknowledgement of the inputs and requirements of the DOH stakeholders. Data assessments of key data sets were conducted to ascertain the availability, capability and readiness of DOH

data providers in supplying data destined for the data warehouse, and to establish reporting requirements. Reports are queriable and display information about health status, risk factors and health resources. Local (community level) measures can be compared with county, state, and national benchmarks. All indicators are stratified by key demographic and socioeconomic dimensions where data allow. Queried reports are presented in multiple formats (data tables and graphs). Reports are accurate, reliable and consistently interpretable according to the science and evidence-base for public health practice. The system is HIPAA compliant and has redundant security levels to ensure the privacy and confidentiality of all data. The design is scaleable, expandable and interoperable with other information systems and provides a platform for the creation of public health data standards.
http://www.healthyhawaii2010.org
https://dw.healthyhawaii2010.org/wiasp

The DOH and community health agencies use the HHDW to access health information, monitor and assess disease trends, provide information for community and program planning, identify issues needing public health research, guide prevention and intervention programs, and to monitor population-based health status improvement. The HHDW is undergoing continued updating and expansion with enhanced capabilities and resources.

Social Epidemiology Project/Evaluation

In conjunction with the HOI, this project coordinates and supports the development and implementation of epidemiological research related to planning and evaluating public health interventions to promote healthy lifestyles among the general population of Hawaii. Objectives include designing behavioral interventions to reduce risk factors of chronic diseases, calculating standardized and adjusted rates, and conducting survey research. The evaluation team for all components of the Healthy Hawaii Initiative is part of the Social Epidemiology project, which is also dedicated to helping rebuild the School of Public Health.

The Data Management Training for the DOH workforce was created by and is being lead by the social epidemiology team. National guidance for public health recommends that health agencies conduct frequent, periodic review of health data to assure that the agency activities address community needs, and that programs are effective. Because health planning is not centralized within DOH, but conducted as needed at the program or division level, the responsibility for conducting needs assessments is dispersed throughout the department.

In order to increase the capacity of the DOH staff to use data for program planning and evaluation, the Health Information Coordination Special Project developed and implemented improvements to the data support infrastructure for DOH. One specific intervention is this training curriculum to enhance staff skills to identify, implement, and evaluate population-based public health problems.

The training goals are:

- ✓ To enable current and future DOH public health workers to solve problems using contemporary skills;
- ✓ To enable current and future public health professionals to solve problems using contemporary skills;
- ✓ To enable DOH public health workers to mentor and share newly learned skills
- ✓ To provide training in a collaborative, multi-disciplinary manner, incorporating the most advanced educational and technological developments.

Six training modules have been developed: (1) Introduction to Data Use; (2) Asking Questions & Finding Data; (3) Analyzing & Interpreting Data; (4) Presenting Data; (5) Using Surveillance Data for Public Health Policy & Planning; and, (6) Developing Public Health Program-Level Outcomes. Each module has six training opportunities available for a total of 36 training sessions.

The first training sessions were held in late 2003. Four sessions covering the first two modules were held by the end of the year with a total of 58 DOH staff attending from seven divisions. DOH participants represented a range of job categories, including but not limited to, planners, epidemiological specialists, research and biostatisticians, health educators, administrators, registered nurses, and public health analysts. Initial evaluation based on written pre- and post-tests and focus group responses indicate significant satisfaction with the training. Additional evaluative efforts following all DOH staff trainings are in the plans.

The first phase of the training is classroom-based; however, future training efforts will include a combination of self-directed or team learning using videos, workbooks, audiotapes, Web-based instruction with e-mail support, Web-casting, and mentoring/coaching using DOH, UH and other community resources.

Enforcement
Reducing Youth Access to Tobacco

Hawaii's tobacco sales to minors are among the lowest in the nation. Tobacco settlement funds are used to hire a part time Tobacco Sales Coordinator and to contract the University of Hawaii's Cancer Research Center of Hawaii and the four county police departments to conduct unannounced tobacco inspections of retail stores. We have worked hard on reducing youth access to tobacco, and we now have one of the lowest rates in the nation at 6%.

The Tobacco Settlement funds supplement our Synar Regulation efforts that require each state to document a rate of tobacco sales to minors of no more than 20% or risk losing millions in federal funds for alcohol and other drug abuse prevention and treatment services.

Hawaii State Law prohibits tobacco sales to persons under the age of 18. Merchants convicted of selling to minors face a mandatory fine of $500.

The Alcohol and Drug Abuse Division of the DOH, in cooperation with all four County Police Departments and the Cancer Research Center of Hawaii, is using the Tobacco Settlement funds to enforce the State statute prohibiting sales of tobacco to minors. Every outlet in the State that sells tobacco is inspected at least once a year, and often twice. The enforcement program uses teenagers between the ages of 15 and 17, carrying identification, who attempt to purchase cigarettes under the supervision of an undercover police officer.

There were 1,310 retail outlets throughout the State of Hawaii inspected from April 1, 2002 to March 31, 2003. 13.9% of the outlets (182 stores) sold to minors (ages 15-17) who produced valid identification if asked for it. This is a substantial decrease from last year's noncompliance rate of 17.6% (2002). This year's non-compliance rate of 13.9% marks an all-time low for the enforcement of tobacco sales laws to minors!

By County, the results of the police-assisted inspections were as follows:

POLICE-ASSISTED INSPECTION RESULTS:

COUNTY	# OF STORES INSPECTED	# OF STORES THAT SOLD	NON-COMPLIANCE RATE
Honolulu	965	133	13.8%
Hawaii	131	27	20.6%
Kauai	136	13	9.6%
Maui	78	9	11.5%
TOTAL	**1310**	**182**	**13.9%**

The REAL Experience – Hawaii Youth Movement Against Tobacco Use

REAL is a statewide, youth-led tobacco prevention movement exposing the manipulation and lies of the tobacco industry by empowering and liberating youth ages 13-19 to make their own choices and to rebel through self-expression. REAL has been recognized by the Hawaii State House of Representatives as the "Outstanding Youth Organization Advocate 2002." The project is a partnership with the Community-Based Health Research Group at the Cancer Research Center of Hawaii.

The vision of REAL teens is an empowered, health, smoke-free generation of youth.

REAL's youth-led approach is part of a greater theory called youth empowerment theory and includes the 40 developmental assets of healthy development. REAL provides developmental opportunities and support to leaders and members consistent with these asset categories: support, empowerment, constructive use of time, positive values, social competencies, media literacy, branding development, leadership, marketing, writing, speaking, activism/advocacy, youth/adult partnerships, and event planning. Youth with these developmental skills are less likely to use tobacco as well as alcohol and other drugs. Some highlights:

- 1,352 youth are current members of REAL (Oahu 484, Maui 241, Kauai 299, Big Island 252, Molokai 38, Lanai 38). REAL is reaching youth who are not being reached through other prevention programs.

- REAL teens rallied against a KOOL-sponsored free concert at World Café in Honolulu where free cigarettes and gear were distributed. Four television stations showed the protest rally on the late news.
- REAL teens organized and implemented a "No-Sale Day" on Molokai, convincing all 14 stores to refuse to sell tobacco to customers for an 8-hour period.
- REAL teens protested a ride at the county fair that advertised Marlboro cigarettes. The protest was recognized by fair officials, who told teens they would not set up that ride again. Teens also presented Kahului restaurants with certificate of appreciation for providing healthy, smoke-free dining – and were featured in the local newspaper.
- REAL teens testified at hearings to pass a smoke-free ordinance in their counties.
- REAL teens designed and administered a survey to over 200 stores to reveal the connection between the most advertised tobacco brand in Hawaii (KOOL) and the most heavily smoked by teens (KOOL).
- Youth organized statewide rallies in each county to bring attention to World No Tobacco Day. Teens gave multiple interviews with the press and local newspapers about the global implications of tobacco.
- Four anti-tobacco summits were held on Kauai, the Big Island, Maui and Oahu in July – called The REAL Experience – in collaboration with DOH's TPEP. Several hundred teens and adults attended to learn about tobacco marketing and how to get the message to other youth in their communities. REAL youth co-facilitated with TRUTH[20] Tour organizers from the mainland.

PART II

Tobacco Settlement Special Fund (TSSF)
Department of Health and The Healthy Hawaii Initiative (HHI)
Overview of Reallocation Consequences in FY 2003-2004

This overview takes into consideration what is being/will be funded in FY 2003-2004 with FY 2002-2003 expenditure/budget comparison levels. It does not address consequences of the central service fee and administrative expense assessments currently in force or cash flow going forward. Beginning in calendar year 2004, tobacco settlement payments (down by 12%-18% from projections) will now occur only once per year in April (fourth quarter of a fiscal year), whereas in the previous four FYs we received two major payments—one in January and one in April. We must maintain cash

[20] TRUTH is the highly successful media campaign funded by the American Legacy Foundation (ALF) in Washington, D.C. ALF was created through the MSA and is funded with tobacco settlement dollars on the national level.

in the department's sub-account (share of the total payment) to roll over into the next fiscal year in order to operate the first nine months of a fiscal year.

Components hardest hit are community-based initiatives (cut by 83%) and public and professional education (cut by 50% and 100%, respectively). School-based health initiatives have been cut by approximately 32%. The term "reallocation" below refers to the decision to replace approximately $5.3 million, previously general funded, Healthy Start POS contracts with TSSF.

School-Based Health Initiatives

1. Current contract with Department of Education renewable on annual fiscal year basis. Continued, but with less funding, for 10 resource teachers for implementation of health and physical education content and performance standards; support of recently awarded CDC grant to DOE for coordinated school-based health infrastructure (existing HHI partnership of DOH/DOE permitted grant award); funding of only 2 school complexes **(down from 16 complexes)** for expansion of coordinated school health initiatives built over three year span of 2001, 2002, 2003.

2. Contract with University of Hawaii, College of Education, Outreach College, for standards-based summer institutes (professional development for teachers in health education; credit courses applicable to advanced degrees in health education teaching.) Contract term through August 2004 – funds two summer institute sessions. Obligates FY 03 and FY 04 funds.

3. Coordinated School Surveys (Youth Tobacco Survey, Youth Risk Behavior Survey; Alcohol and Drug Abuse Survey; Student Evaluation of Health and Physical Education Standards) – contract extends into FY 04, but only on obligated FY 03 funds. **Need additional $48,500 in FY 04 funds to complete survey work. Currently unable to complete funding effort due to "reallocation."**

FY 03 expenditures = $1.85M; FY 04 budget = $1.26M due to "reallocation."

Community-Based Initiatives

1. Targeted Interventions – contracts extend into FY 04, but all funds are from prior fiscal years. Contracts held with Ke Kula 'o Samuel

Kamakau Laboratory Public Charter School, Oahu Department of Transportation Services, Friends for Fitness Coalition (West Hawaii), UH Department of Kinesiology and Leisure Science, City and County of Honolulu Department of Parks and Recreation. **No new funding in FY 04 for these projects. We have also cancelled the completed Round 2 community targeted intervention RFP due to lack of available funding** (originally budgeted at $350,000).

Community-based initiatives, physical activity and nutrition coalitions and community work, partnerships with county governments, physical activity and nutrition activities statewide. **FY 03 expenditures = $1.1M; FY 04 budget = $185,000 due to "reallocation."**

2. Walkable Communities/Safe Routes to School - Contract lead is Injury Prevention Section, DOH. Project is designed to create safer environments and opportunities for physical activity for school-age children through an integrated community/school involvement in developing accessible environments for walking. A successful program will improve the health and safety of students and the surrounding neighborhoods. Traffic will be reduced around schools, and students will participate in greater physical activity, potentially improving alertness, behavior, and reducing barriers to learning. **FY 03 allocation = $160,000; FY 04 budgeted = $138,000**

3. REAL – Hawaii Youth Movement Against Tobacco Use – contract runs through April 04, but obligates FY 03 funds. Project lead is University of Hawaii Cancer Research Center. **FY 03 = $341,800; No FY 04 continuation funding.**

4. Addressing Health Disparities – Office of Health Equity. **First year of operation under HHI. FY 04 budget = $300,000.**

Public Education

1. Master contract is held with Starr Seigle Communications ("Start.Living.Healthy" umbrella public awareness/social marketing campaign.). Contract terms state renewal up to six years total, but contract is renewable on an annual fiscal year basis. **FY 03 expenditures = $1.24M; FY 04 budget is $600,000 due to "reallocation."**

2. Tobacco Counter-Marketing – this is match for CDC federal funds – grant from the Office of Smoking and Health. The federal grant is a

five-year renewal cycle with annual awards to states. We began a new five-year cycle as of July 1, 2003. We have a one-to-one state match obligation. **FY 03 = $900,000. FY 04 = $900,000 – federal match obligation for maintenance of effort.**

Professional Education

Current contract ends 3/30/04 but will be extended at no cost to run through 6/30/04. Contract held with UH Area Health Education Center, Oahu. Designed to provide training and tools for health care professionals to aid patients in avoiding tobacco, obesity and sedentary lifestyles. **FY 03 = $545,000; FY 04 original plan was to fund at same level. Will not fund in FY 04 due to "reallocation."**

The Hawaii Outcomes Institute/Social Epidemiology Project

1. Current contract runs through 6/30/04 – with $2,000,000 planned for FY 04 funds. Contract will be extended and modified to reflect updated scope of work and deliverables. This is the data warehouse, key data infrastructure, training and technical assistance, evaluation and surveillance, community health profiles, support to rebuild the School of Public Health at the University of Hawaii. Contract held with University of Hawaii, John A. Burns School of Medicine. **FY 03 allocation = $2,000,000; FY 04 = $2,000,000. (Kept at same level of funding.)**

Tobacco Retailer Inspections

Master contract with the UH Cancer Research Center runs through 6/30/04. Other contracts within this arena are with the police departments in each county, most of which run on a calendar year basis. Conducts tobacco retailer inspections for enforcement of the tobacco control law prohibiting sales to minors. Alcohol and Drug Abuse Division oversees these contracts. **FY 03 = $300,000; FY 04 = $300,000 (Kept at same level of funding).**

Attorney General's Master Settlement Agreement Enforcement Fund

Continued funding mandated by Act 177, SLH 2003. $350,000 from top of Tobacco Settlement Special Fund. **$87,500** is HHI's share of $350,000 under current law. **$350,000 mandated funding each fiscal year.**

Tobacco Settlement Fund Project/Healthy Hawaii Initiative (HHI) Administration and Management

All nineteen positions funded by tobacco settlement dollars are renewable on an annual fiscal year basis. There are 13 exempt positions and 6 temporary civil service positions to support the HHI, School Health Coordinator, Public & Professional Education Coordinator, Physical Activity Section, Nutrition Section, Maternal Child Health Branch, Chronic Disease Epidemiology, Community Outreach Specialists and Tobacco Settlement Fund Project Manager. **The amount of $1,002,592 represents 12 full months of salary and fringe for all 19 positions. Positions are subject to renewal each fiscal year. Positions will be kept according to available funds for both positions and the projects positions are associated with. We have kept full funding for all positions in FY 04 budget. We have budgeted $350,000 for general operating expenses (supports all of the above) for FY 04, down from $504,000 in FY 03.**

Additionally, when approached from the opposite point of view—i.e., what will not be funded, it involves a more extensive discussion to paint the whole picture. Some of the items that were funded in FY 03 and not in FY 04 – the cuts are "hidden." The original plan in the multi-year components, such as school-based health initiatives, public education, professional education, and community-based initiatives, was to ramp up the funding over several years as a base was built and to broaden the Healthy Hawaii Initiative (HHI) efforts as that base was expanded. So, when FY 04 is looked at, the Healthy Start POS "reallocation" forced HHI to cut funding to those major components instead of ramping up the funding, effectively downsizing the reach and the base that had been built. We've gone backwards in community and public education, in particular.

Also when comparing FY 04 to FY 03, other items that were not scheduled to be continued were: $1,000,000 to the Tobacco Prevention and Control Trust Fund; and $1,666,015 that went to Healthy Start Plus in FY03. We ended our obligation to support the Trust Fund (FY 03 was the last of three FYs we had pledged to support the TF due to its inability to get a viable rate of

return on investments) and FY 03 was the last of three years of funding for Healthy Start Plus--so we never planned to fund these two efforts in FY 04. If there had been no "reallocation", we would have allocated those funds to fully fund the community initiatives, the public education, the professional education, the school-based initiatives, and to permit a bit more in operating funds. We would likely have made some other decisions as well on project expansion - particularly in physical activity and nutrition - but we didn't have the funds available, so we shelved our planning.

Given the very challenging fiscal times in which we are working, the 48% reduction in funding available for the Healthy Hawaii Initiative requires us to refocus and realign our efforts. We are reviewing evaluations and assessments of HHI's efforts during the first three years, updating the HHI strategic plan, reconfiguring our internal teams and strategies based on lessons learned and available funds.

National Accolades for the Healthy Hawaii Initiative

- The Healthy Hawaii Initiative and the State of Hawaii have been identified as an exemplary program by the CDC.
- The evaluation plan of the Healthy Hawaii Initiative has been published by the CDC as a national model..
- The U.S. Department of Health and Human Services' Prevention Portfolio identifies Hawaii and the Healthy Hawaii Initiative as a leader in state-directed prevention agendas and programs.
- The Center for Health Improvement in California has highlighted the Healthy Hawaii Initiative in their highly respected *Healthy Policy Coach* as a model for promoting healthy lifestyles.

Behavior change is a process. The first years of the HHI have created infrastructure, improved public health training, made the environment more conducive to healthy behavior and created awareness about the need for health improvement. We must continue to motivate the population, increase skills for change, increase our training of health professional, and continue to develop environments that support healthy choices and healthy lifestyles.

We have seen some exciting progress in our communities, our schools, in providing training and technical assistance to our communities to understand and use data to drive desired community health improvements, extraordinary collaboration among state agencies, as well as with the University of Hawaii.

This wise use of our tobacco settlement money is the best of all economic worlds for a state struggling with budget shortfalls. No general funds are

used for the Healthy Hawaii Initiative. Tobacco settlement dollars attract and leverage federal dollars. Prevention saves money and lives.

Hawaii is truly ahead of the curve, and continued, sustained, full funding through the tobacco settlement dollars can lead us to our desired prevention goals.

#

APPENDICES

Appendix I:	Ten Essential Services of Public Health
Appendix II:	Coordinated School Health Program Results Years Two and Three.
Appendix III:	Results of Community Planning Grants
Appendix IV:	Five Targeted Interventions
Appendix V:	Media Campaign Results
Appendix VI:	Results of County Projects
Appendix VII:	Reducing Youth Access to Tobacco
Appendix VIII:	Evaluation goals: Short, intermediate, and long term outcomes over a 20-year period
Appendix IX:	Hawaii Outcomes Institute
Appendix X:	Statewide Behavioral Surveillance Results
Appendix XI:	"Building School Health Programs Through Public Health Initiatives: The First Three Years of the Healthy Hawaii Initiative Partnership for School Health," *Preventing Chronic Disease, Vol. 1, No. 1, January 2004.*

APPENDIX I

Ten Essential Services of Public Health

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Mobilize community partnerships to identify and solve health problems
- Inform, educate, and empower people about health issues
- Develop policies and practices that support individual and community health efforts
- Enforce laws and regulations that protect public health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

APPENDIX II

Coordinated School Health Program
Years 2 and 3

Year 2 Summary

Participating Schools: Kahuku, Hana, Kealakehe, Baldwin, Waimea, Kapaa, Mililani, Keaau, Farrington, Campbell, Castle, Kapolei, Nanakuli, Waialua, Waiakea

Table 1. Statistical summary for Year 2

Percent of complexes with all schools participating in CSHP	69%
Rate of coordinator turnover	75%
Over total number of activities	219
• Number of completed activities (In Place)	120
• Number of incomplete activities (In Planning/In Progress)	99
Percent of activities completed	55%

Table 2. Breakdown of total number of In-Planning/In-Progress (P/P) and In-Place (IP) activities completed in Year 2 (SY) 2001-2002

	Environment		**Policy**		**System**		**Other***		**TOTAL**
	P/P	IP	P/P	IP	P/P	IP	P/P	IP	
Tobacco	2	0	0	1	4	1	4	10	22
Physical Activity	6	4	3	1	4	7	10	14	49
Nutrition	5	3	1	1	6	5	5	9	35
Multiple	2	1	0	0	4	4	4	23	38
Other	0	0	2	0	3	9	34	27	75
TOTAL	23		9		47		140		**219**

* Other activities reported include health fairs, health articles, & presentations

Year 3 Summary

Participating Schools: Kahuku, Waiakea, Hana, Kealakehe, Baldwin, Waimea, Kapaa, Mililani, Keaau, Farrington, Campbell, Castle (missing report: Kapolei)

Table 3. Statistical summary for Year 3

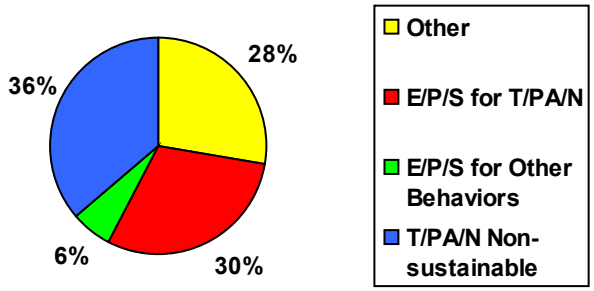
Percent of complexes with all schools participating in CSHP	92%
Rate of coordinator turnover	62%
Over total number of activities	271
• Number of completed activities (In Place)	225
• Number of incomplete activities (In Planning/In Progress)	46
Percent of activities completed	83%

Table 4. Breakdown of total number of In-Planning/In-Progress (P/P) and In-Place (IP) activities completed in Year 3 (SY) 2002-2003

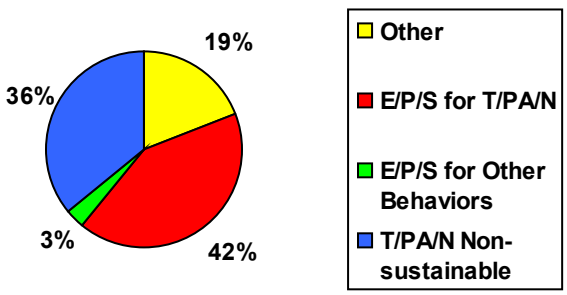
	Environment		**Policy**		**System**		**Other***		**TOTAL**
	P/P	IP	P/P	IP	P/P	IP	P/P	IP	
Tobacco	0	1	3	3	1	1	2	11	22
Physical Activity	1	4	0	0	4	32	3	20	64
Nutrition	3	10	1	4	3	12	3	16	52
Multiple	1	7	0	0	4	18	5	38	73
Other	0	1	1	0	0	6	11	41	60
TOTAL	28		12		81		150		**271**

Year 2 and Year 3 Comparison

Figure 1. Percent of activities in each category in Year 2 and Year 3



Year 2
219 Activities



Year 3
271 Activities

Table 5: Results from Year 2 and 3

	Year 2	Year 3
Total number of changes by year's end	219	271
• Number of completed activities (In Place)	120	225
• Number of incomplete activities (In Planning/In Progress)	99	46
Percent of activities completed	55%	83%

SUCCESSES

All schools successfully implemented the following sustainable changes:

- Healthier beverages made available in school vending machines (13 complexes)
- Development of walking paths/maps (9 complexes)
- Creation of a health newsletter/wellness centers (13 complexes)
- Alternative to suspension policies for tobacco use (6 complexes)
- Addition of healthier options to cafeteria menus (9 complexes)
- Expansion of after school/intramural physical activity programs (13 complexes)
- Healthy rewards policy to encourage healthy snacks as rewards (6 complexes)
- Development of a community health resource/directory (13 complexes)

In addition to the above successes, some schools developed some very creative and innovative activities to promote healthy behaviors:

Books for Breakfast – Farrington Complex: A program where parents eat and read with their children during breakfast. Promotes literacy, nutrition, health education, and parent/community involvement by encouraging and supporting students to read books and start the day with nutritionally balanced meals.

The "gotMilk?" Campaign – Waiakea Complex: A creative ad campaign and milk promotion organized by the DECA club to encourage students to buy milk instead of sodas. The program increased milk sales by 10%

Exercise Facility - Kahuku Complex: A partnership with Ke Ola Mamo, Brigham Young University, the University of Hawaii and donations from the Polynesian Cultural Center and Turtle Bay Hilton helped establish a fitness center, complete with aerobic classes, nutrition and diet education, faculty and staff assessments, blood work, massage therapy, weight training, and personal training.

10,000 Steps Walking Program – Farrington Complex. Developed a walking path and organized a "10,000 Steps Walking Club" for staff to wear pedometers all day and walk during lunch to promote physical activity through walking

Kea'au Family 5K Fun Run and Wellness Fair "For the Health of It" – Keau'u Complex. Brought together the community for a healthy, fun, and interactive event and to promote partnerships for health in the community. The event encouraged sustainability by passing on its annual organization to the junior and senior class as a major class fundraiser.

Nutritious Foods for Fundraising and Rewards Policy – Kapa'a Complex. Created and implemented a school policy that only nutritious foods could be used as fundraisers and for rewards. For example, the school was giving out hard-ices made with sugar syrup as rewards for students – up to 50 sugary snacks for each student per year! The new policy replaced unhealthy snacks such as these with 100% juice hard ice, granola bars, and fish crackers as rewards. These nutritious snacks ideas were compiled and sent home with students to encourage parents to do the same at home.

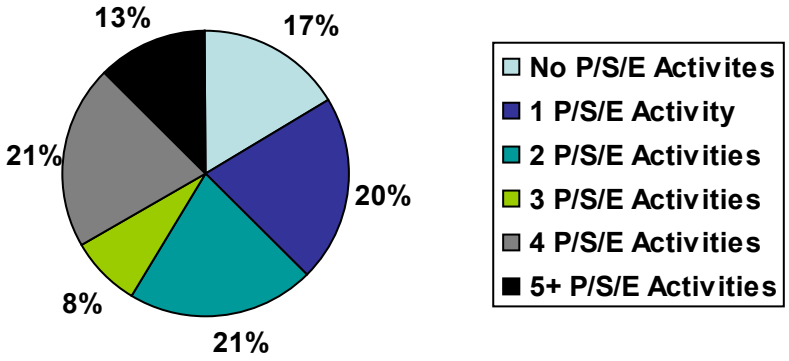
APPENDIX III

Results of Community Planning Grants

Table 2. Breakdown of completed activities by Environment, Policy or System Change

	Environment	Policy	System	Other	TOTAL
Tobacco	2	1	14	8	25
Physical Activity	9	0	13	14	36
Nutrition	1	6	6	19	32
Multiple	1	0	16	32	49
Other	0	0	3	20	23
TOTAL	13	7	52	93	**165**
Administrative Activities: 52					

Figure 1. Frequency distribution of 24 communities with a total of 63 Completed Sustainable P/S/E Activities



Highlighted Successes

- Waikoloa Community
  - ✓ Collaboration with the Hawaii Preparatory Academy to provide a van, driver, and fuel to transport teens to their mentor programs (S).
  - ✓ Collaborated with the Washington D.C. USDA staff to implement the USDA After School Healthy Snack Program (P).

- Pahoa Community
  - ✓ Pahoa Farmers Market Association adopted no smoking policy (P)
  - ✓ Fund raising committee raised $30,000 to continue project.

- Laupahoehoe Community
  - ✓ Cleared and created a walking/jogging trail (E)
  - ✓ Created outdoor volley ball court (E)
  - ✓ Certified water safety instructor conducted water safety courses (S)
  - ✓ Safe Adventures, Fun Environment (SAFE) educational program that helps youth establish healthy lifestyles (S).

- Kaneohe Community
  - ✓ Built a community coalition of volunteers that met monthly to discuss needs of community and strategies to meet them.
  - ✓ Coalition applied for and was awarded $360,000 State Incentive Grant (3 years) (S)

- Keea'u Community
  - ✓ Built a community coalition of volunteers.
  - ✓ Volunteers are currently in the process of clearing a walking trail in East Hawaii (S).

- Lanai Community
  - ✓ Created and implemented a youth mentoring program at Lanai High that focuses on tobacco education and prevention. This program is currently still in effect. (S)
  - ✓ Created a memorandum of agreement with an adult faculty advisor for this program. (S)
  - ✓ Developed brochures and two power point presentations on tobacco laws and the effects of tobacco. (S)

- Kaimuki-Waialae Community
  - ✓ No-Smoking posters (E) and anti-smoking brochures (E)
  - ✓ Created a healthy station exercise course (E)
  - ✓ Created a nutritional reference chart (E)

- Nu'uanu Community
  - ✓ Establish protocols with Middle School for recruitment and enrollment of youth into Smarts Moves Prevention Programs (P)

APPENDIX IV

Five Targeted Interventions

Friends for Fitness is in the process of mobilizing the West Hawaii community to improve and maintain the community walking trail, Maka'eo, at the old Kona Airstrip. The ***Department of Parks and Recreation***, in partnership with the ***Department of Education***, is facilitating the development of a joint use agreement with one public high school to increase the access and availability of underutilized resources for physical activity.

The ***Department of Transportation (DTS)*** is in the process of conducting a State-wide effort to educate drivers about pedestrian safety, enlist their support to reduce driving speeds in residential neighborhoods, and promote physical activity. ***DTS*** recently conducted red sneaker week, a project that encouraged students in participating Honolulu schools to walk or bike to school.

The ***Ke Kula 'o Samuel M. Kamakau Laboratory Public Charter School*** developed and is currently implementing a nutrition curriculum and student participatory food service project for youth aged 6 - 18 years. Family support for healthy lifestyles has been encouraged by sharing healthy meals produced in the Kailua ahupua`a and by providing nutrition education to approximately 450 Hawaiian immersion students and their families and 60 non-immersion students in eight (8) schools on O'ahu, Hawai'i, and Kaua'i

The University of Hawaii's Department of Kinesiology and Leisure Science developed and implemented ***Project SUPPORT*** to increase physical activity levels in school aged children

SOPLAY – (System for Observing Play and Leisure Activity in Youth)
SOPLAY was designed to obtain observational data on the number of students and their physical activity levels during play and leisure opportunities in a specified activity area. The following table displays the percent of time children spent sitting, walking, or doing vigorous activity during recess at school. A total of 52 observations were made at baseline followed by 68 observations at follow-up.

Table 1: Percent of time doing the following activities

	Sitting	Walking	Vigorous
Baseline	41.6%	26.9%	28.6%
Follow-up	42.9%	32.6%	24.5%

SOFIT

SOFIT was designed to monitor the types of activity children engage in during physical education classes (lying down, sitting, standing, walking, and vigorous activity). The SOFIT study design also monitors lesson context as well as instructor interactions. A total of 8 children were observed at baseline with 10 observed at follow-up. Tables 2-4 provides the percent of time children spend in these areas.

Table 2: Percent of time walking or vigorous activity

	Activity	Non-PE Schools	PE Schools
Baseline	44.3%	43.1%	45.0%
Follow-up	46.1%	39.1%	56.8%
	NS	NS	p = .28, NS

Schools with a professional PE teacher did very well in the intervention increasing activity by 11.8%. Schools without a PE teacher were not affected by the intervention.

Table 3: Percent of time in each lesson context

	Manage-ment	General knowledge	Physical fitness know	Fitness activity	Skill practice	Game play	Other
Baseline	18.8%	15.9%	7.3%	19.6%	27.3%	8.6%	2.3%
Follow-up	11.1%	26.0%	1.3%	8.4%	41.3%	12.1%	0.0%

Table 4: Percent of time in each instructor interaction

	Promotes fitness	Demon-strates fitness	General instruction	Manages	Observes	Other task
Baseline	9.1%	11.0%	47.2%	19.9%	13.1%	0.0%
Follow-up	6.0%	0.0%	66.7%	12.9%	14.5%	0.0%

Pedometer Data

Pedometers were attached to children to monitor the number of steps taken during a typical school day. Two observations per child were made at baseline and with two at follow-up. Table 5 provides the average number of steps taken per day at each time point. A total of 539 children were monitored at baseline followed by 370 at the follow-up.

Table 5: Average number of steps taken per day

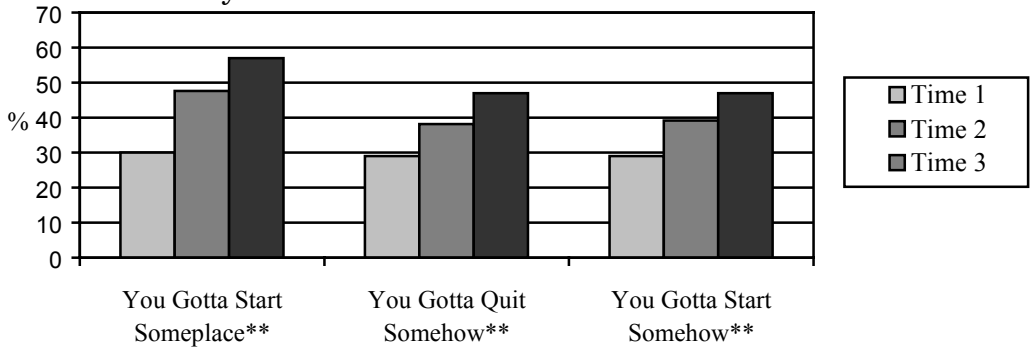
	Total n (SD)	Boys n (SD)	Girls n (SD)
Baseline	4718 (1682)	4696 (1767)	4717 (1606)
Follow-up	5209 (1838)	5309 (1926)	5046 (1733)
	$p < .001$	$p < .001$	$p < .05$

Both boys and girls significantly increased the number of steps they took each day after the intervention.

Appendix V

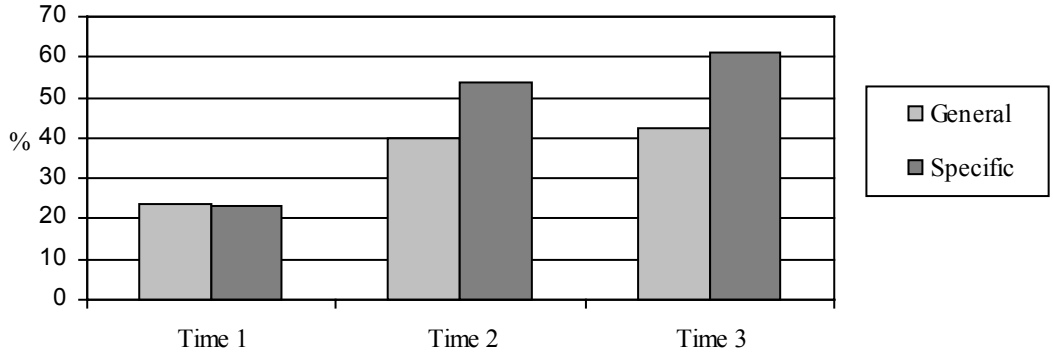
Media Campaign Results

Figure 1: Summary of media awareness over 12 months



** *Significant Chi-Square test across timepoints at p < .001*

Figure 2: Summary of specific byline awareness over 12 months



** *Significant Chi-Square test across timepoints for each byline at p < .001*

APPENDIX VI

Results of County Projects

County of Kauai

In 2002, over 500 signed up to participate in a variety of physical activity events and health seminars over an 8-week period. Due to budgetary constraints, only 15 teams (total N = 110) could participate. Significant reductions in weight were observed between the beginning (weigh-in) and end (weigh-out) of the 8 week period. The total number of self-reported exercise as well as fruits and vegetables consumed by participants also increased significantly between the beginning and end of the KGWO and was maintained at the 6 month follow-up. The 6-month follow-up showed that 36.6% of participants exercised more after the event than before the KGWO began, 36% maintained their weight, 21.1% continued to lose weight, 42.3% reported eating more fruits and vegetables. KGWO 2003 data and follow-up are still being analyzed. In addition to the KGWO events, the County of Kauai assessed its neighborhood centers with the intent of converting these facilities into fitness-health information centers.

County of Hawaii

The County of Hawaii's Department of Parks and Recreation launched its inaugural Start.Living.Healthy. event with a Family Fair at the Prince Kuhio Plaza with free food sampling, exercise programs, healthy food preparation, prizes, and entertainment. 300 senior citizens and children participated in physical activity demonstrations, with a total of 2,000 fairgoers visiting health-oriented booths and healthy cooking classes. In addition, a series of mini-health fairs were conducted at five district parks. During Summer Fun, 1,005 youngsters from seventeen recreation centers were instructed on the preparation of healthy snacks by a licensed dietician.

County of Maui

The County of Maui's Kaunoa Senior Services developed a gym scholarship program open to all Maui residents that reduced the cost of health club memberships. The State Senior Softball Tournament in August 2002 provided senior softball players from all the islands stretching demonstrations and nutritious snack samples. Maui's diverse fairs and community walks have provided opportunities to promote Start.Living.Healthy. 2,000 visitor industry walkers heard physical activity and nutrition messages at the "Maui Charity Walk". 2,000 Maui residents heard the Start.Living.Healthy. message at the "Cultural & Arts Day." 2,500 children and their parents learned about the importance of physical activity

and proper nutrition at the “Keiki Festival.” 1,000 youngsters learned to “hulacize” at the “No Tobacco Day”.

APPENDIX VII

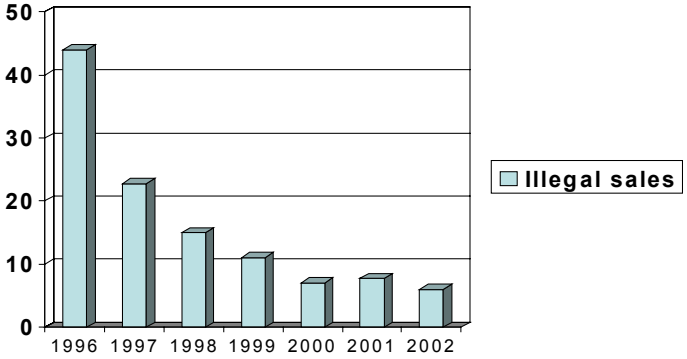
Reducing Youth Access to Tobacco

Hawaii State Law prohibits tobacco sales to persons under the age of 18. Hawaii's tobacco sales to minors are among the lowest in the nation. Tobacco settlement funds are used to conduct unannounced tobacco inspections of retail stores.

The Tobacco Settlement funds supplement our Synar Regulation efforts which require each state to document a rate of tobacco sales to minors of no more than 20% or risk losing millions in federal funds for alcohol and other drug abuse prevention and treatment services.

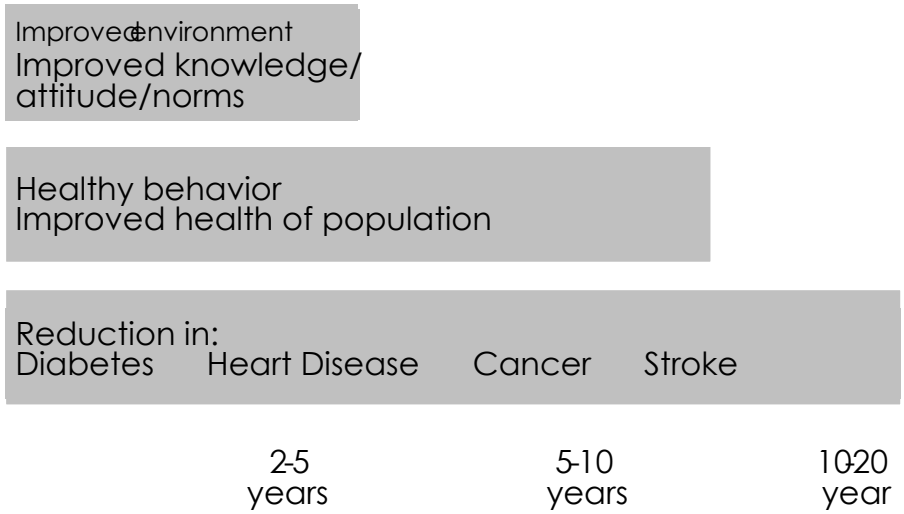
Merchants convicted of selling to minors face a mandatory fine of $500. Every outlet in the State that sells tobacco is inspected at least once a year, and often twice. Since 1996, the rate of illegal sales has fallen from 44% to under 10% (H). Illegal sales rates to minors are displayed below.

Illegal tobacco sales to minors



APPENDIX VIII

Evaluation goals: Short, intermediate, and long term outcomes over a 20 year period



APPENDIX IX

Hawaii Outcomes Institute

Toward a Healthy Hawaii 2010 Reports

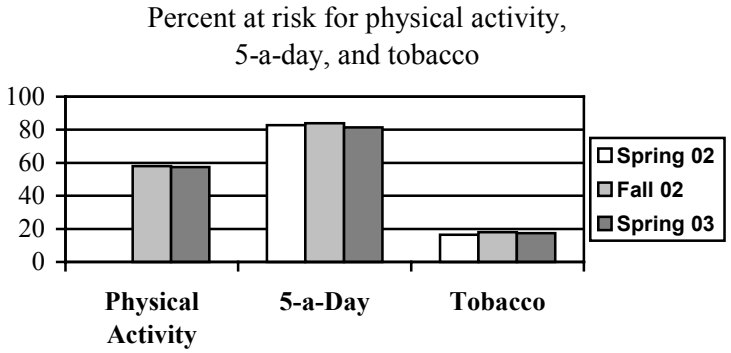
A major product of the Hawaii Health Data Warehouse will be the publication of selected data in the form of annual reports of health indicators at the state, county, and community levels. The first set of reports titled "Toward a Healthy Hawaii 2010" and produced as a joint effort with DOH and HHIC, was released as a print document in December 2002. HOI has disseminated these reports to the state legislature, state agencies, health care providers, and community organizations by mail, via the web, and at conferences around the state. HOI also maintains a toll-free phone number and email address to field comments and questions, and an interactive web-based version of the reports (available at www.healthyhawaii2010.org) contains an expanded set of charts and technical data appendix that can be downloaded for further analysis or inclusion in reports. Enhancements over the next six months will include the addition of 2001 and 2002 data, the addition of new indicators, and the ability to view selected data by age, gender and race, where available.

APPENDIX X

Statewide Behavioral Surveillance Results

Surveillance Results:

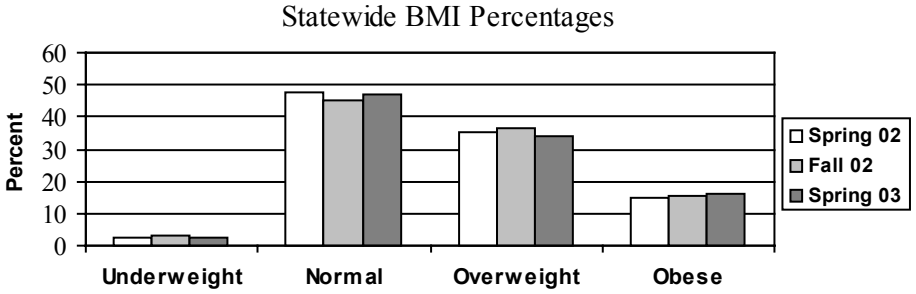
Behavioral indicators: Fruit and vegetable consumption, level of physical activity, & smoking rates remained stable.



1h

The physical activity indicator was not valid in wave I. Therefore, data is only displayed for Fall of 2002 and Spring of 2003.

One indicator of health status is Body Mass Index, used to determine whether individuals are at an appropriate height to weight ratio. No increase or decreases were observed over one year.



Building School Health Programs Through Public Health Initiatives: The First Three Years of the Healthy Hawaii Initiative Partnership for School Health

COMMUNITY CASE STUDY

Suggested citation for this article: Pateman B. Building school health programs through public health initiatives: the first three years of the Healthy Hawaii Initiative partnership for school health. Preventing Chronic Disease [serial online] 2004 Jan [*date cited*]. Available from: URL: http://www.cdc.gov/pcd/issues/2004/jan/pateman.htm

Abstract

Background

The Healthy Hawaii Initiative, funded through the Hawaii tobacco settlement, allocates funds from the Hawaii Department of Health to the Hawaii Department of Education for school programs that promote health and reduce the burden of chronic disease. This article outlines progress, challenges, and insights from the first 3 years of the Hawaii Partnership for Standards-based School Health Education (the Partnership).

Context

The Hawaii Department of Education added health education as a content area to the Hawaii Content and Performance Standards in 1999. The American Cancer Society, Hawaii Pacific, Inc., convened a Comprehensive School Health Education Committee that initiated a school health professional development program for teachers. During the 2000–2001 academic year, new Healthy Hawaii Initiative funding began for school health programs.

Methods

Healthy Hawaii Initiative funding has been used to provide new state and district resource teacher positions, professional development workshops for educators, tuition waivers and materials for graduate-level summer institutes for educators, annual statewide school health conferences, and pilot school implementation of coordinated school health programs.

Consequences

Schools across Hawaii demonstrate clear progress in implementing standards-based school health education and coordinated school health programs. The funding has led to increased support from other sources to build school health programs.

Interpretation

The ultimate beneficiaries of school health programs are the children and families of Hawaii. This health and education partnership continues to work toward improved health outcomes for young people as the future leaders and

citizens of Hawaii.

Background

"Spend the money on what the fight was about!" In 2000, Mississippi Attorney General Mike Moore urged attendees at the American School Health Association National Conference to insist that their state governments spend funds from the Master Settlement Agreement (MSA) with major tobacco companies on public health priorities (1). Despite a difficult economy, the state of Hawaii has preserved a portion of its tobacco settlement funds to create and support the Healthy Hawaii Initiative (HHI) to promote health and reduce the burden of chronic disease.

In 1999, the Hawaii legislature enacted legislation that distributed a total of $14,444,758 in MSA funds in the following way:

• $5,055,665 (35%) was allocated toward the Hawaii Department of Health. Of this amount, $3,665,665 was

www.cdc.gov/pcd/issues/2004/jan/pateman.htm • Centers for Disease Control and Prevention 1

Beth Pateman, HSD, MPH, Lola H. Irvin, MEd, Lynn Shoji, MEd, Kuulei Serna, MEd

VOLUME 1: NO. 1
JANUARY 2004

designated for health promotion and disease prevention programs, including HHI. $1,400,000 was designated for the Children's Health Insurance Program.

• $3,611,189 (25%) was allocated toward a Tobacco Prevention and Control Trust Fund for tobacco education, prevention, and cessation.

• $5,777,903 (40%) was allocated toward an Emergency Budget Reserve Fund (2).

The DOH Health and Wellness Advisory Group, representing leading community agencies and coalitions, and the Centers for Disease Control and Prevention (CDC), collaborated to develop HHI. A major goal of HHI is to promote the healthy development of youth relative to 3 critical risk factors: poor nutrition, physical inactivity, and tobacco use. HHI efforts include school-based programs, community programs, public and professional education, and program evaluation.

In 2000, DOH entered a 3-year agreement with the Hawaii Department of Education (DOE) to provide HHI support for school health programs. This article describes progress, challenges, and insights from the first 3 years of the Partnership.

Context

Hawaii is a culturally diverse state, described as a rainbow of cultures and ethnicities — though blended, each maintains its unique characteristics and strengths. Hawaii's people live on 7 islands, each known for its distinct

geographical and cultural features. For example, the Big Island of Hawaii has active volcanoes that draw visitors from all over the world. The densely populated island of Oahu is known as "the gathering place." Visitors must obtain permission to go to the tiny island of Niihau, inhabited primarily by Native Hawaiians. Hawaii recognizes English and Hawaiian as official languages of the state.

The state of Hawaii has one centralized DOE and one Board of Education. The Hawaii DOE encompasses 280 public schools, 182,798 students, and 13,000 teachers. DOE operates 7 geographical school districts, but decision making occurs at the state level. Hawaii's one statewide school system implements new directives and initiatives, such as the revision of the Hawaii Content and Performance Standards (HCPSII) in 1999 (3).

DOE added health education as a curriculum component — distinct from physical education — as part of the 1999 HCPS revision (HCPS II). Advocates used data from the CDC-funded Hawaii Youth Risk Behavior Survey (YRBS) of middle and high school students, and the Hawaii School Health Education Profile (SHEP) of secondary school health programs, to support the need for school health education.

YRBS data provide information on the status of adolescent health-risk behaviors in these 6 priority categories: 1) behaviors that contribute to unintentional and intentional injuries; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases; 5) unhealthy dietary behaviors; and 6) physical inactivity.

SHEP data provide information on the status of schoolbased programs and policies designed to address priority health-risk behaviors among youth. The SHEP questionnaires are designed to be answered by principals and lead health education teachers.

Although Hawaii youth generally demonstrated lower levels of health-risk behaviors than their counterparts across the United States — for example, 44.6% of Hawaii high school students used alcohol during the past month in 1999, compared to 50.0% nationally — YRBS data showed that Hawaii's young people engage in behaviors that put them at risk for serious health problems (4). Only 5.0% of lead health education teachers were licensed in health education; 52.8% of lead health education teachers were licensed in health and physical education (5).

The prospect of implementing standards-based health education was challenging for Hawaii's schools. The University of Hawaii at Manoa (UHM) had discontinued its Bachelor of Education emphasis in health education for secondary majors during a period of faculty and resource shortfalls. Undergraduate students majoring in elementary education received no preparation in health education.

In 1999, school health education largely was taught by a few licensed health educators who functioned with little professional support and by teachers from other fields

Ten Content Areas in Hawaii Content and Performance Standards II for K-12 Education:

- Career and life skills
- Educational technology
- Fine arts
- Health education
- English language arts
- Mathematics
- Physical education
- Science
- Social studies
- World languages

who were assigned health education classes to fill their teaching schedules. The national state-of-the-art in health education was far from the state-of-the-practice in Hawaii.

Methods

With health education clearly designated as part of the Hawaii curriculum, supporters at last had a viable vehicle for promoting school health throughout the state. The American Cancer Society, Hawaii Pacific, Inc. (ACS) convened the first meeting of a statewide Comprehensive School Health Education (CSHE) committee in summer 1999. Participants included representatives from ACS, DOE, DOH, College of Education (UHM), Hawaii Board of Education, Hawaii Parent-Teacher-Student Association, Area Health Education Center (AHEC), John A. Burns School of Medicine (UHM), DOE School Food Service, and corporate sponsors Meadow Gold Dairy, Bank of Hawaii, and the 3 Hawaii electric companies, HECO, HELCO, and MECO (6).

In fall 1999, the Partnership began efforts to educate school and community members about standards-based health education. This new approach to health education focused on building personal and social skills in the context of priority health-risk behaviors identified by the CDC (7). The 7 Hawaii Health Education Standards, based on the National Health Education Standards, required schools to help students learn the following skills: acquiring core health education concepts; accessing information, products, and services; practicing self-management; analyzing influences; demonstrating communication; modeling decision making and goal setting; and advocating for health (8). The following 7 health-risk areas were designated as context for learning and practicing health skills: 1) injury and violence prevention; 2) alcohol and other drug use prevention; 3) sexual health and responsibility; 4) tobacco use prevention; 5) nutrition and physical activity;

6) mental and emotional health; and 7) personal and consumer health.

The ACS Cancer Control Director appealed to community partners to assist DOE with the cost of district-level teacher workshops on Oahu and neighboring islands. The resulting public-private collaboration continues today. Meadow Gold Dairy and the Hawaii electric companies provided funding for conference rooms and meals throughout the state. DOH, UHM, and ACS provided additional fiscal, logistical, and professional support.

The Partnership asked UHM to develop new graduatelevel summer institute courses in health education. COE faculty members pooled their expertise to create courses in areas such as school violence prevention, healthy sexuality education, and K-12 school health methods across health-risk areas. The Partnership also made plans for a first statewide Health Celebration Conference for teachers, counselors, and administrators during fall 2000. The summer institutes and state conference were funded largely through DOE grants from the CDC, the U.S. Department of Education, and local corporate sponsorship. Meadow Gold Dairy launched a corresponding statewide Got Health? campaign that featured the new Hawaii Health Education Standards on the side panels of 300,000 milk cartons.

Teachers responded positively to the first year's professional development opportunities, provided on Oahu, Maui, Kauai, and the Big Island of Hawaii. For example, teachers provided this type of feedback: "Knowing how to eliminate work that isn't standards-based, I think I will be more comfortable with implementing activity-based curricula as well as teaching to the standards with success" (9). To attend these initial workshops and conference sessions, however, teachers had to ask their schools to pay for substitute teachers. Because the health education standards were new, many schools did not yet consider health education as a professional development priority. Some schools were not willing or able to allocate funds toward substitutes, and as a result, some teachers were unable to attend the initial workshops and conference sessions.

Despite those challenges, the 2000-2001 academic year brought exciting news. With more focus placed on health education, DOH made the decision to allocate HHI funds directly to DOE for implementing and promoting health education programs at the school level.

Consequences

Through the HHI 3-year agreement and other federal financial support, DOE and DOH have been able to provide funding for:

• Eleven new resource teacher positions at the state and district levels to support implementation of the Hawaii Health Education and Hawaii Physical Education Standards, which are part of HCPS II. Resource teachers provide direct service to schools.

VOLUME 1: NO. 1
JANUARY 2004

• Substitute teachers and curriculum materials for district workshops held on Oahu and 3 neighbor islands. Travel funds are provided for educators who live on neighbor islands. Approximately 500 teachers have attended the spring workshops each year in 2001, 2002, and 2003.
• Tuition reductions, textbooks, and neighbor island travel for UHM summer institute courses. Course offerings increased from 3 to 8 each summer. Approximately 250 educators have attended the courses each year in 2001, 2002, and 2003.
• Substitute teachers, curriculum materials, and neighbor island travel for the statewide fall Health Celebration Conferences. HHI funding allowed the Partnership to bring nationally recognized experts to work with local educators. The fall 2003 conference was the fourth annual Health Celebration Conference, with each conference averaging 500 participants.
• Six pilot schools to implement coordinated school health programs (CSHP) using the CDC 8-component model.

The 8 CSHP components include: 1) school health services; 2) health education; 3) efforts to assure healthy physical and social environments; 4) food services; 5) physical education and other physical activities; 6) counseling, psychological, and social services; 7) health programs for faculty and staff; and 8) collaborative efforts among schools, families, and communities to improve the health of students, faculty, and staff (10).

Broad assessment measures of progress over time include the YRBS and SHEP. Professional development for Hawaii educators in standards-based school health education began in 1999. The Partnership will track the status of youth risk behaviors over time as implementation of standards-based school health education increases.

The 2002 Hawaii SHEP data showed strong school progress in teaching to meet the Hawaii Health Education Standards and providing healthy school environments. Almost all secondary schools (97%) reported teaching a required health education course with the state standards. More than three fourths of lead health education teachers sought to increase student knowledge of health-risk behaviors. More than 90% of teachers sought to increase student standards-based health skills and used a range of interactive teaching and learning strategies.

Approximately 50% of teachers received professional development about health-risk areas and teaching skills for behavior change. More than 70% received professional development in interactive teaching methods for health education. Most teachers expressed interest in future professional development in health education (11).

Partnership efforts have resulted in the continued building of school health education infrastructure. At the university level, COE developed a new health education methods course, which is now required for all elementary education majors. In addition, the HHI-funded summer institutes led to the development of a Health Education Specialization in the Master of Education program. To support these efforts, AHEC allocated 5 years of funding to support a new tenure-line faculty position for school health in COE.

With increasing need for support in health education, DOH allocated additional HHI funds to create a new DOE education specialist position to oversee HHI school-based activities. Health education now holds equal footing with the other 9 content areas in the Hawaii Content and Performance Standards.

Hawaii's school health education efforts received another boost with the announcement of a 2003 Coordinated School Health Program Infrastructure Cooperative Agreement between DOE and the CDC, with DOH serving as an essential partner. This new funding will support continued CSHP efforts in the state, with a focus on implementing CSHP throughout entire school complexes. This funding adds to Hawaii's school health infrastructure by providing new education specialist and state resource teacher positions for CSHP, as well as school-level funding.

The Partnership has produced several publications (6,9,11) and developed a teaching guide: Healthy Keiki, Healthy Hawaii: Teaching with the Hawaii Health Education Standards — A Handbook for K-12 Educators (12). More than 2,000 copies of the handbook have been distributed to Hawaii educators.

Interpretation

Support for Hawaii's school health programs has grown through the steadfast dedication and action of a group of committed partners in health and education. They believe that school health programs can make a positive difference in the lives of children, families, and communities. The rate of progress and growth has been exciting. However, the institutionalization of school health education is under

constant threat from state budgetary shortfalls and academic priorities mandated by federal legislation. In particular, the tobacco settlement funds are the target of many special interest groups during each legislative session. The federal education focus on standardized testing often results in schools focusing their attention on reading and mathematics and excluding other areas. The Partnership tackles these issues by continuing to invest time and resources in teacher education and professional development efforts. Another objective is to convince administrators of the importance of skills-based health education.

With 13,000 teachers in the state, professional development needs remain great.

The importance of promoting the health of school-age youth receives spoken support from decision makers. Hawaii's cultural values make child and family health education a good fit with state priorities. However, Partnership members recognize that DOE funding alone is inadequate to support school health programs. Partners must continue to seek funding from other community, state, federal, and private sources to keep programs viable.

Hawaii educators have welcomed the support they have received for improving their health curricula and teaching skills. Educators routinely ask when and where the next workshops, summer courses, and state conferences will be held, and they report changing their teaching to reflect what they learn through participation in the program.

School and district administrators have been more difficult to reach than teachers, primarily because their positions encompass a vast scope of work. Demonstrating to administrators how school health efforts can improve academic achievement is a primary focus for the Partnership.

Hawaii's experience may reflect more accurately how local school districts operate, rather than how state education agencies operate. As mentioned earlier, Hawaii has only 7 geographical school districts, and decision making occurs at the state level. The 7 districts in Hawaii make up Hawaii's one statewide school system. Hundreds of independent school districts may be located within a single state elsewhere in the United States, and they may not be able to work so closely with their state education agency.

The Partnership has been diligent about publicizing accomplishments across the state and the nation, in the belief that decision makers tend to support efforts that enhance their own goals for the health of children.

Collaboration among the Partnership members overall has been smooth. Supporters of child and adolescent health have stepped forward readily to be involved in this work. Partners seem to have naturally found the things that they do best (e.g., writing, organizing, teaching, contacting schools, seeking funding), rather than competing to do the same things. The ACS CSHE committee provides the "glue" that holds the Partnership together. Perhaps Hawaii's most important lesson is simply to find, connect, and coordinate the individuals and groups who share common goals for improving the health of children and who are willing to work together to achieve them. Within the Partnership, a small group of core individuals who represent K-12 education, health, and UHM meet monthly to coordinate efforts of the larger membership.

In the midst of pressures to improve math and reading test scores to meet the demands of federal legislation, supporting school health programs can refocus attention on guiding and nurturing children rather than teaching subject matter alone. The Council of Chief State School Officers (13) and the Association of State and Territorial Health Officials (14) describe the importance of supporting

both health and education for young people by stating that "healthy students make better learners, and better learners make better communities." Hawaii's school health slogan, "Healthy Keiki, Healthy Hawaii," reflects a continued focus on doing what matters for the well-being of children and doing it well.

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VOLUME 1: NO. 1
JANUARY 2004

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